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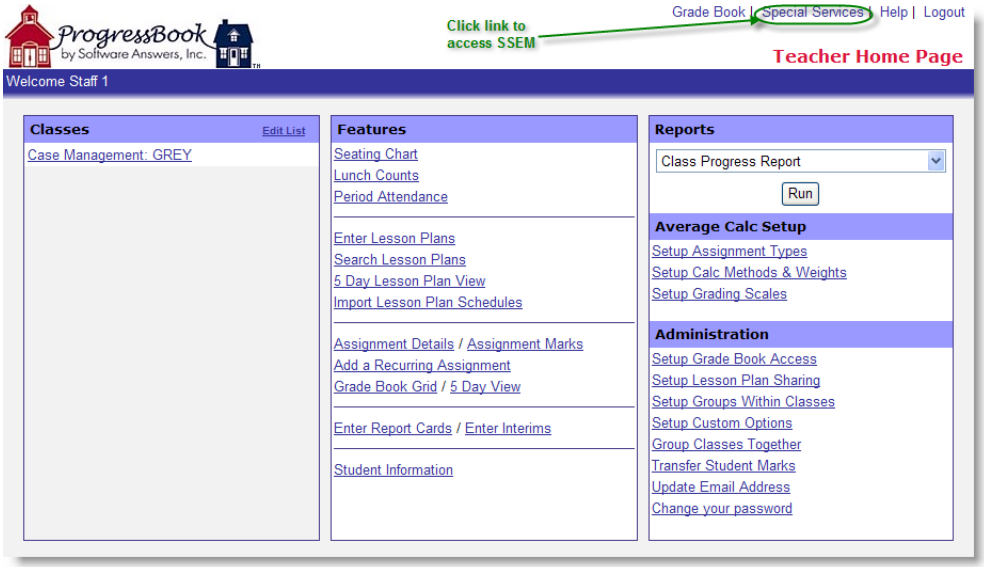
ACCESSING SSEM

The Special Services Education Module (SSEM) is a component of ProgressBook used for the creation and storage of student specific forms. While designed to assist Special Educators in completing state required documentation, it can also be used for other form needs. It is most commonly accessed by first logging into ProgressBook.

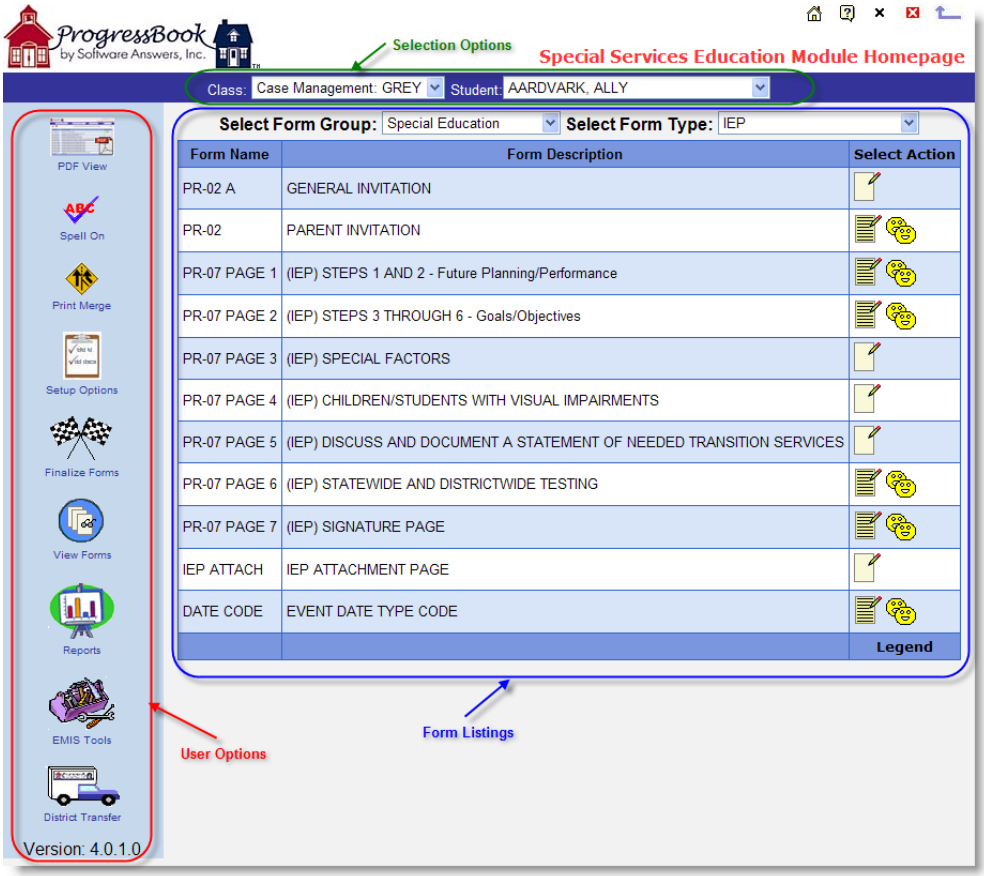
The link to SSEM is located in the upper right hand corner of the user's ProgressBook homepage. Clicking on the "Special Services" link will open the SSEM Homepage in a new browser window.

If your browser is set up with pop-up blocker software, adjust settings to allow new window to open.

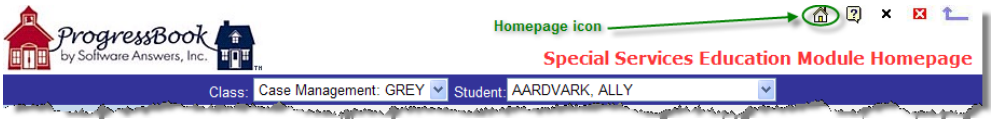


The SSEM Homepage is made of up three parts:

- Selection Options
- Form Listings
- User Options



To return to the Homepage from any screen in SSEM, click the Homepage icon

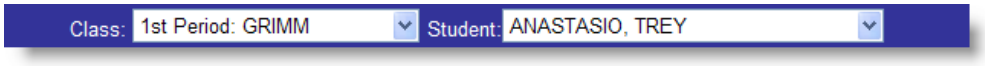


SELECTION OPTIONS

The information in SSEM is student driven, so users must select a student to work with before a form can be accessed. The Selection Options allow the user to select the desired student from the classes or buildings depending on their access level.

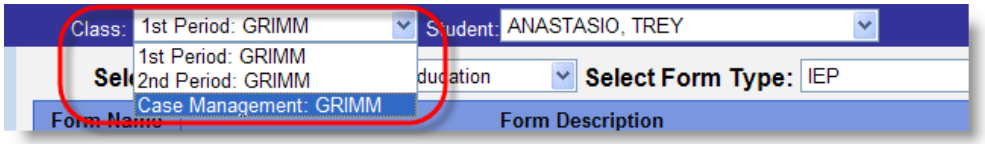
There are two types of Selection Option setups: class-based access and district-wide access. *Class-Based Access* users are restricted to the classes they have access to in ProgressBook and can only access students enrolled in those classes. *District-Wide Access* users are not restricted and can access students by school building throughout the entire district.

Users with **Class-Based Access** have two drop-down lists: Class and Student



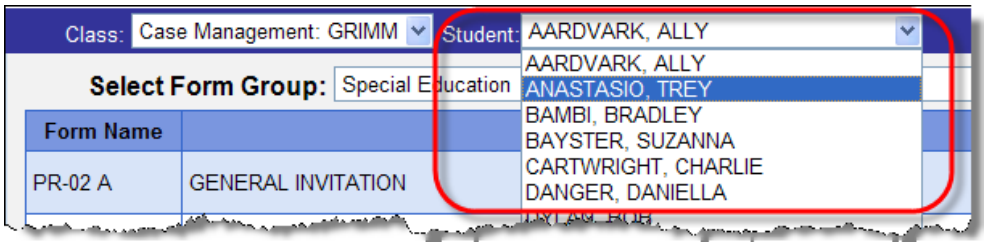
Class is a listing of all classes to which the user has access. Users cannot select the class of another teacher unless that teacher has shared the class.

Select the class in which the desired student is enrolled.



Student is a listing of all students in the selected class.

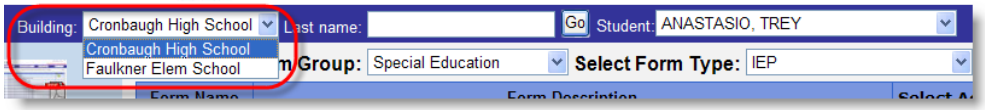
Select the desired student from the drop-down list.



Users with **District-Wide Access** have a search field and two drop-down lists: Building and Student

Building is a listing of all active buildings within the school district.

Select the building in which the desired student is enrolled.



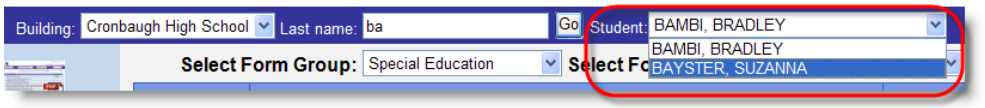
Last Name is a search field used to narrow down the student listing.

Key last name search criteria and click the Go button Go to repopulate *Student* list based on keyed criteria.

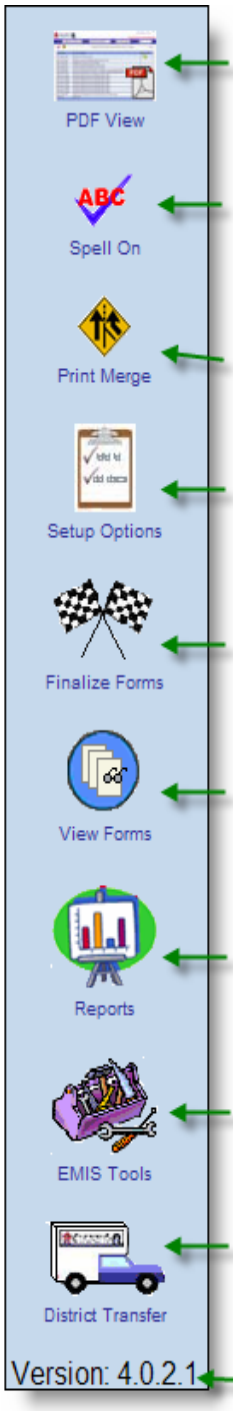
keying “ba” lists all students whose last name begins with “ba” while keying “bays” lists only those whose last name is “bays” or begins with the letters “bays”

Student is a listing of all students based on the search criteria.

Select the desired student from the drop-down list.



User Options allow the user to specify settings for how they prefer to work. Users can also access different functions of things they can do with the forms once they are created.



Form View allows the user to select the desired view for working on forms between PDF View and Form Wizard View. Clicking on the icon will toggle between view selections.

- *PDF View* allows the user to type information directly onto an electronic form, very similar to writing directly on the form. If Adobe Reader is installed on the user's machine, this will be the default selection.
- *Form Wizard* view allows the user to type information into fields which will then be posted onto a read-only version of the electronic form. This view is ideal for users with dial-up internet access and those with older or slower computers.

Spell Check allows the user to determine perform a spell check on all keyed information.

- In PDF View, after closing a form a Spell Check Review screen opens displaying all keyed data and allows the user to run spell check on the entire document.
- In Form Wizard view, a spell check button is available after each text field to check the immediately preceding field for spelling errors.

Clicking on the icon will toggle between *Spell On* and *Spell Off*.

Print Merge allows the user to print more than one form into a group with automatic page numbering.

Setup Options allow the user to customize their spell check dictionary within the software and develop a set of goal, objective, and accommodation banks. These banks can be used to populate the applicable forms with commonly used statements or phrases, reducing the redundancy work for the user.

Finalize Forms allows the user to finalize all forms into a read-only group. These forms are still available in the system but cannot be changed. It is recommeded that users finalize forms after they have made changes from the IEP meeting so that the electronic forms match the legally signed documents.

View Forms allows the user to view and print all finalized forms. Users with read-only access (Level 100) will be taken directly to the *View Forms* screen as their SSEM homepage.

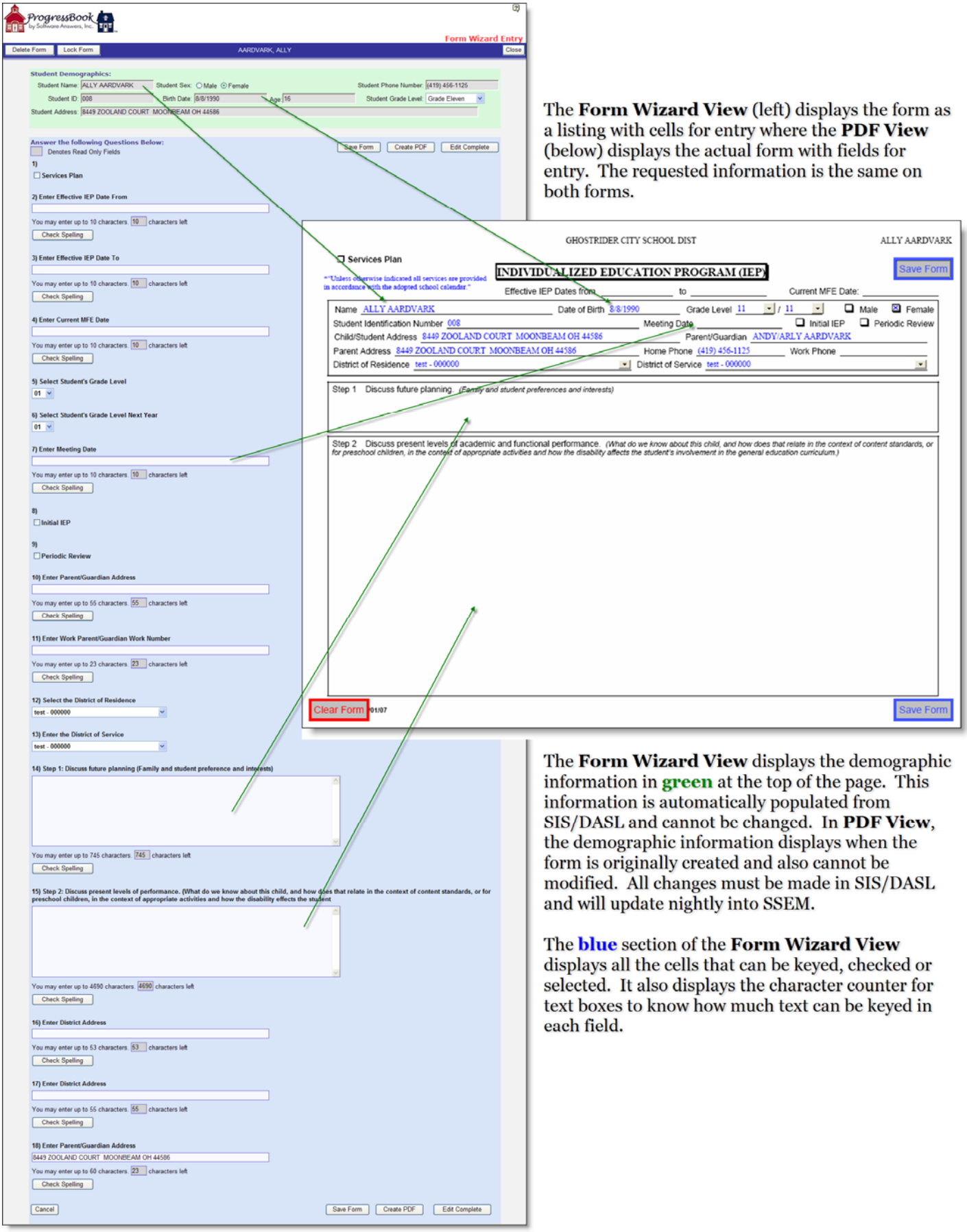
Reports allows the user to generate reports off the information contained on finalized IEP sets. Reports can be run by building, grade level within the building, or by individual student.

- *IEP Due Date* report provides a listing of the date each student's next IEP is due.
- *Accommodations* report provides a listing of the tests each student is required to take and their testing accommodations as outlined by their IEP.

EMIS Tools allows the user, with appropriate security access, to generate an EMIS report and student data collection forms, pulling EMIS related data for special education students off their finalized IEP forms. Also allows the user to generate and EMIS extract file to be imported into EMIS, reducing the need for double entry of information.

District Transfer allows the user, with appropriate security access, to send finalized forms to another district when a student transfers as well as receive forms from other districts using SSEM.

Current Version of the SSEM software.


ProgressBook
Form Wizard Entry
Delete Form
Lock Form
AARDVARK, ALLY
Close
Student Demographics:
Student Name: ALLY AARDVARK
Student Sex: Male Female
Student Phone Number: (419) 456-1125
Student ID: 008
Birth Date: 8/8/1990
Age: 16
Student Grade Level: Grade Eleven
Student Address: 8449 ZOOLAND COURT MOONBEAM OH 44586
Answer the following Questions Below:
Save Form
Create PDF
Edit Complete
Denotes Read Only Fields
1)
Services Plan
2) Enter Effective IEP Date From
3) Enter Effective IEP Date To
4) Enter Current MFE Date
5) Select Student's Grade Level
6) Select Student's Grade Level Next Year
7) Enter Meeting Date
8)
Initial IEP
9)
Periodic Review
10) Enter Parent/Guardian Address
11) Enter Work Parent/Guardian Work Number
12) Select the District of Residence
13) Enter the District of Service
14) Step 1: Discuss future planning (Family and student preference and interests)
15) Step 2: Discuss present levels of performance. (What do we know about this child, and how does that relate in the context of content standards, or for preschool children, in the context of appropriate activities and how the disability effects the student
16) Enter District Address
17) Enter District Address
18) Enter Parent/Guardian Address
8449 ZOOLAND COURT MOONBEAM OH 44586
Check Spelling
Cancel
Save Form
Create PDF
Edit Complete
GHOSTRIDER CITY SCHOOL DIST
ALLY AARDVARK
Services Plan
"Unless otherwise indicated all services are provided in accordance with the adopted school calendar."
INDIVIDUALIZED EDUCATION PROGRAM (IEP)
Save Form
Effective IEP Dates from to Current MFE Date:
Name ALLY AARDVARK
Date of Birth 8/8/1990
Grade Level 11 / 11
Male
Female
Student Identification Number 008
Meeting Date
Initial IEP
Periodic Review
Child/Student Address 8449 ZOOLAND COURT MOONBEAM OH 44586
Parent/Guardian ANDY/ARLY AARDVARK
Parent Address 8449 ZOOLAND COURT MOONBEAM OH 44586
Home Phone (419) 456-1125
Work Phone
District of Residence test - 000000
District of Service test - 000000
Step 1 Discuss future planning. (Family and student preferences and interests)
Step 2 Discuss present levels of academic and functional performance. (What do we know about this child, and how does that relate in the context of content standards, or for preschool children, in the context of appropriate activities and how the disability affects the student's involvement in the general education curriculum.)
Clear Form
01/07
Save Form

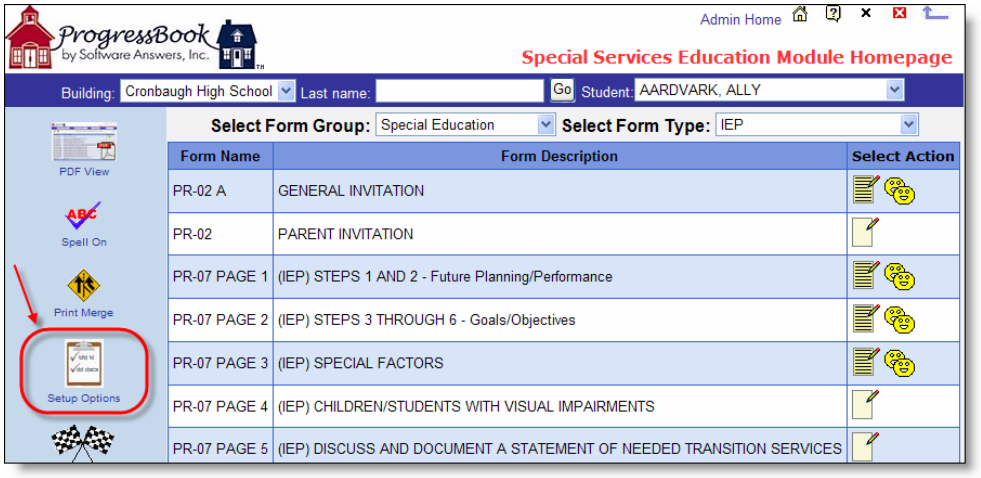
The **Form Wizard View** (left) displays the form as a listing with cells for entry where the **PDF View** (below) displays the actual form with fields for entry. The requested information is the same on both forms.

The **Form Wizard View** displays the demographic information in **green** at the top of the page. This information is automatically populated from SIS/DASL and cannot be changed. In **PDF View**, the demographic information displays when the form is originally created and also cannot be modified. All changes must be made in SIS/DASL and will update nightly into SSEM.

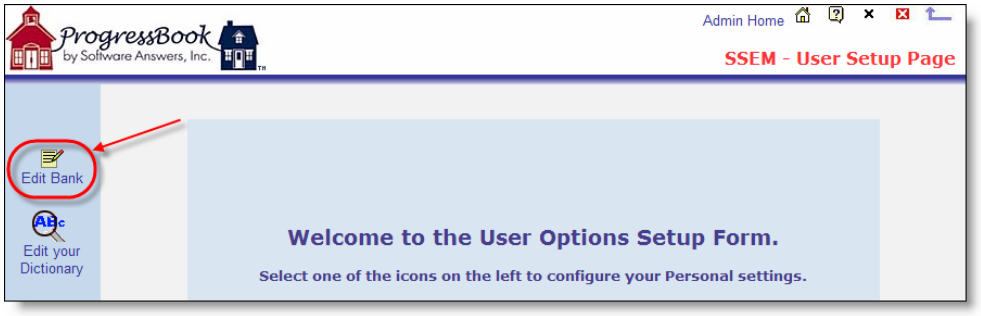
The **blue** section of the **Form Wizard View** displays all the cells that can be keyed, checked or selected. It also displays the character counter for text boxes to know how much text can be keyed in each field.

The first set up option is the ability to create and maintain a bank of phrases for use in the Goals, Objectives, and Accommodations sections of the IEP document. These banks are user specific, but banks shared across the district can be created and shared with building staff. Each bank can also be organized into categories.

Click Setup Options icon in User Options toolbar to access features

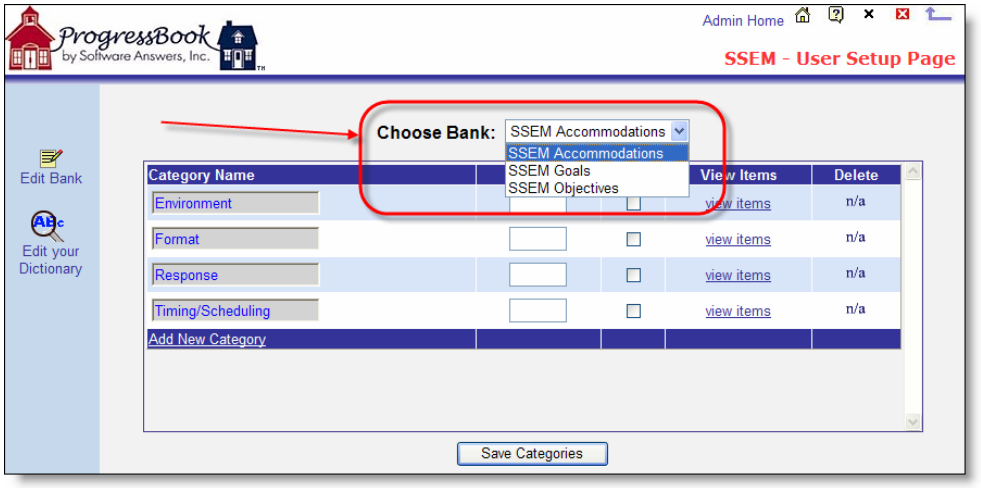


The user's *custom banks* can be accessed by clicking the "Edit Banks" icon on User Setup Page.

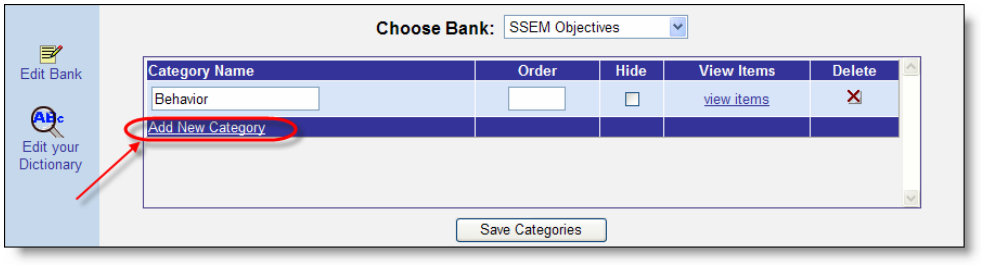

ProgressBook
by Software Answers, Inc.
Admin Home
SSEM - User Setup Page
Edit Bank
Edit your Dictionary
Welcome to the User Options Setup Form.
Select one of the icons on the left to configure your Personal settings.

The custom banks open allowing the user to select the desired bank.

- SSEM Accommodations
- SSEM Goals
- SSEM Objectives



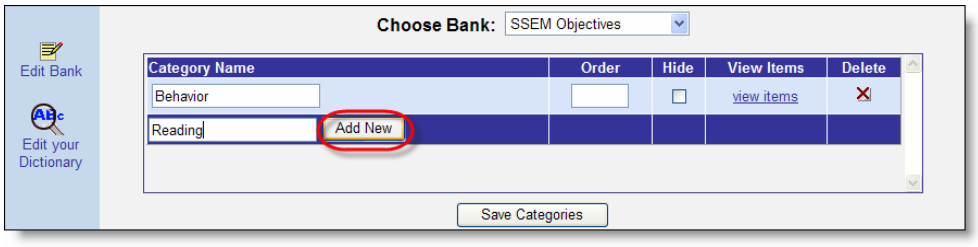
To *add a category*, click "Add New Category" link.



Key name of new category and click Add New Add New button.

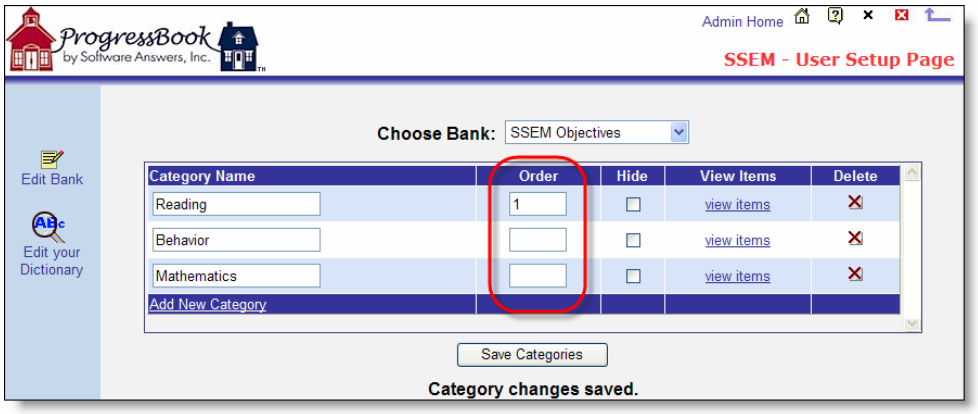
Repeat process to add additional categories.

** Categories will be automatically sorted in alphanumeric order.*

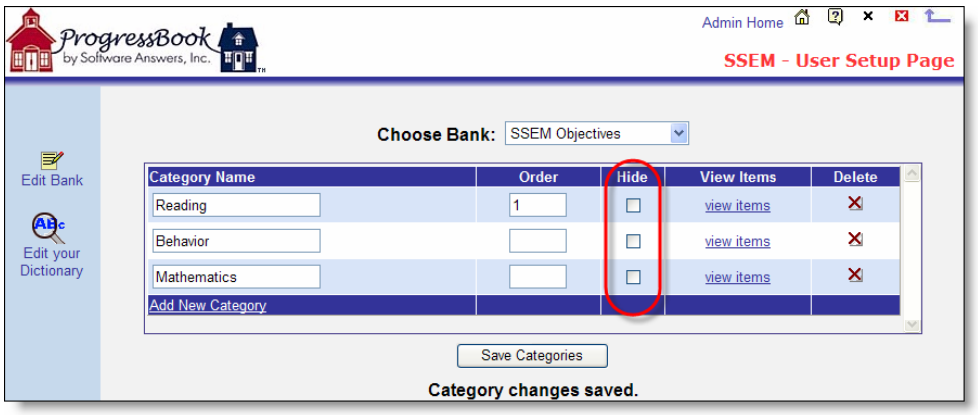


To *customize category order*, retype desired order in "Order" column and click Save Categories button.

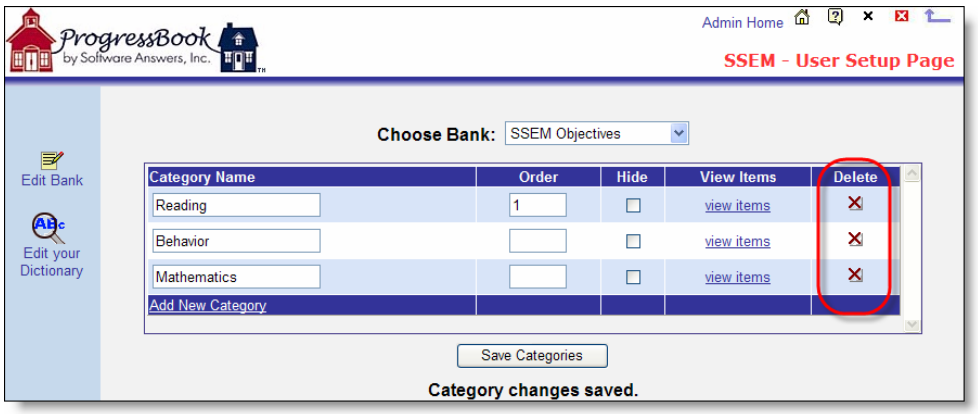
Categories will be sorted in specified order.



To *prevent a category from displaying* when accessing banks from a form, check "hide" box for desired category.



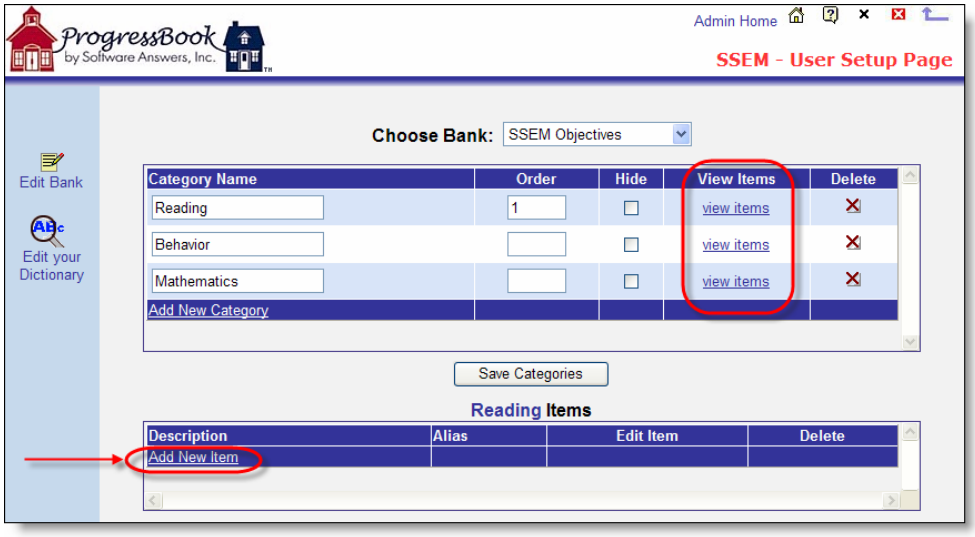
To *delete a category* and all its contents, click Delete icon associated with desired category.



To *add items to a category*, click "view items" link associated with desired category.

Category will open below displaying all items.

Click "Add New Item" link to open the item window.

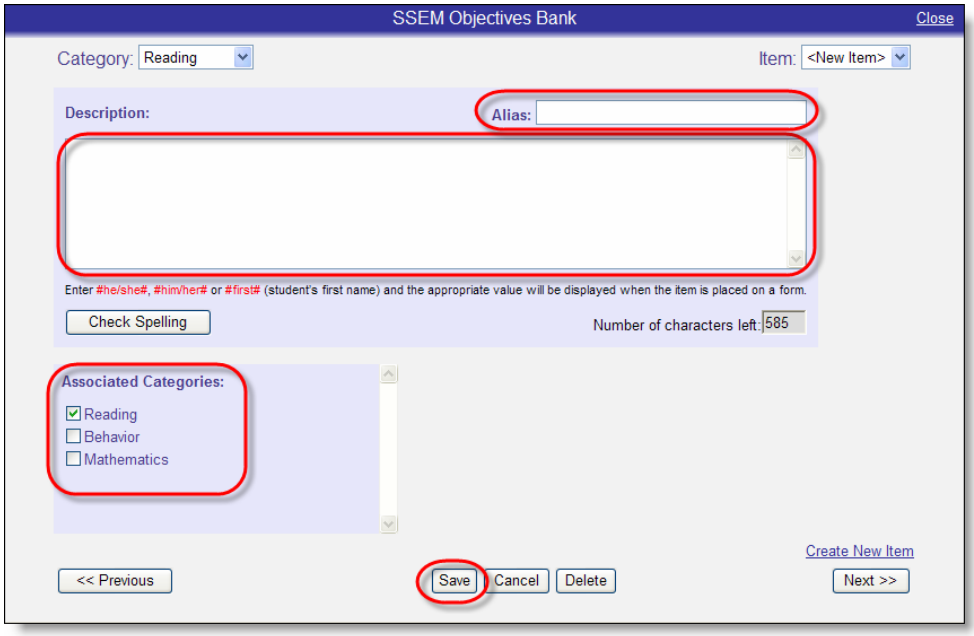


Key description of the item to be added.

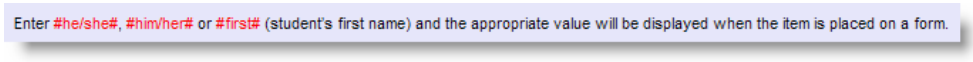
Alias can be used as the summary for the item if the description begins similar to other items. This will aid in finding the item later.

Items can be associated with multiple categories if desired. Click the checkbox beside the desired categories.

Once complete, click Save button to save item.

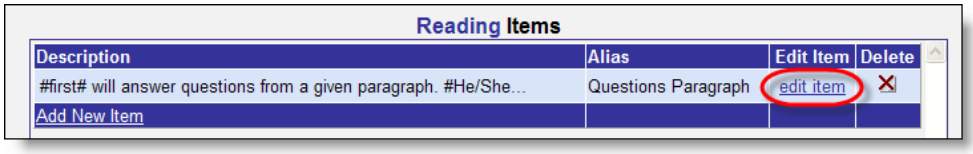


Codes can be included in the item description to populate the appropriate student name and pronoun.


Enter #he/she#, #him/her# or #first# (student's first name) and the appropriate value will be displayed when the item is placed on a form.

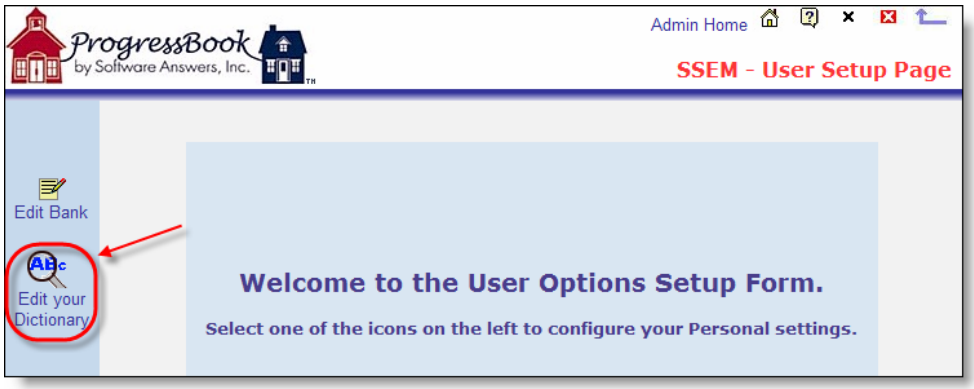
#first#	The student's first name
#he/she#	"he" for males, "she" for females
#He/She#	"He" for males, "She" for females
#him/her#	"him" for males, "her" for females
#Him/Her#	"Him" for males, "Her" for females
#his/hers#	"his" for males, "hers" for females
#His/Hers#	"His" for males, "Hers" for females
#his/her#	"his" for males, "her" for females
#His/Her#	"His" for males, "Her" for females

To *edit an existing item*, click "edit item" to open the item window.



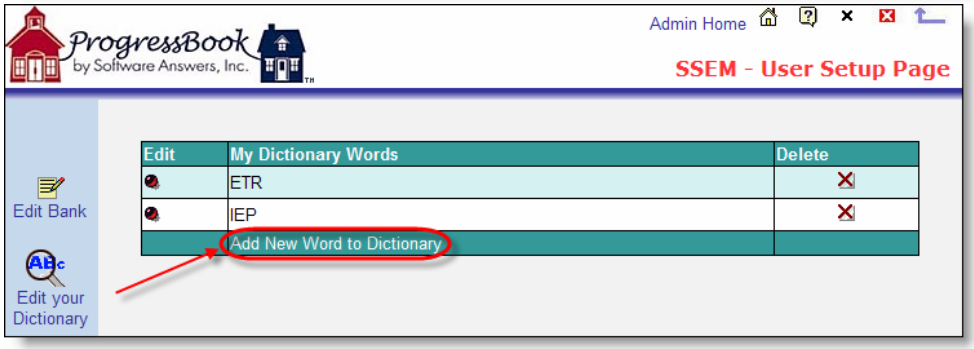
The second set up option is the custom dictionary which allows the individual user to designate words or abbreviations that they would like spell check to overlook, most commonly student's names and special education jargon.

The user's *custom dictionary* can be accessed by clicking the "Edit your Dictionary" icon on User Setup Page.


ProgressBook
by Software Answers, Inc.
Admin Home
SSEM - User Setup Page
Edit Bank
Edit your Dictionary
Welcome to the User Options Setup Form.
Select one of the icons on the left to configure your Personal settings.

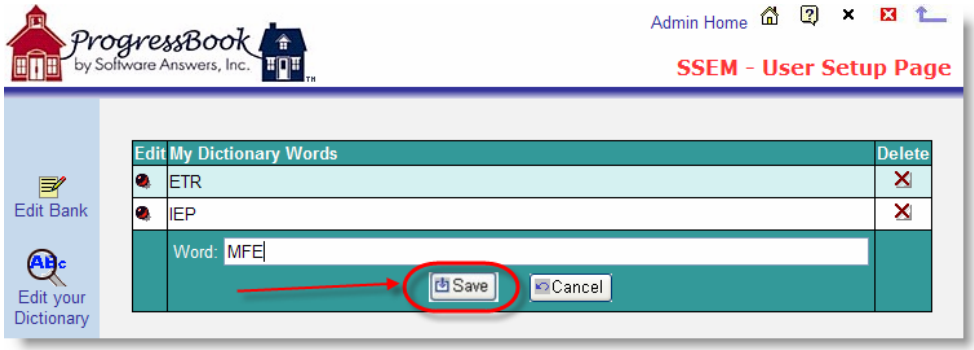
The custom dictionary opens displaying an alphabetical listing of the words currently in the dictionary.

To *add a word*, click on the "Add New Word to Dictionary" link.



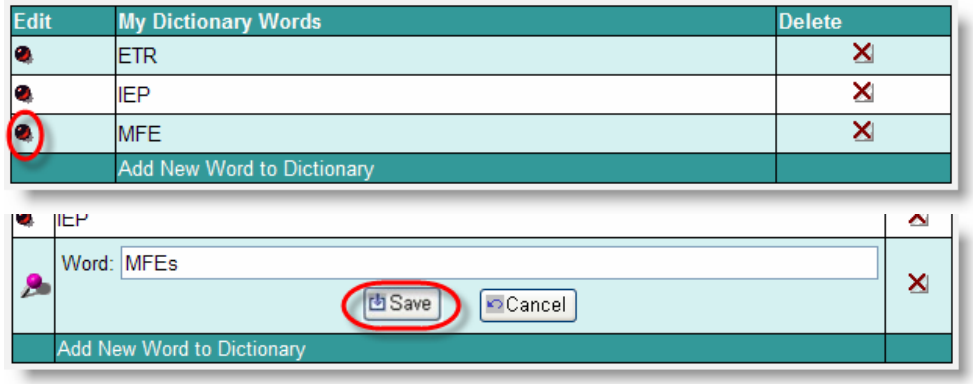
Key new word and click Save button.

New word will be added to the list alphabetically.

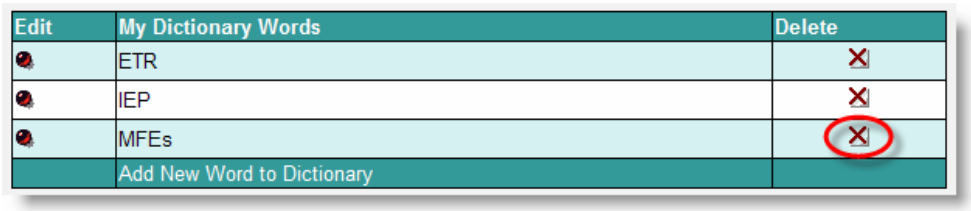


To *edit an existing word*, click red pin beside desired word. Key changes to textbox and click Save button.

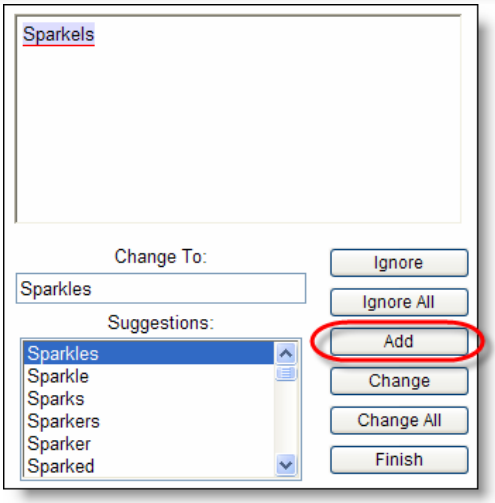
Modified word will be saved to the list alphabetically.



To *delete a word*, click on the red Delete icon beside the desired word.

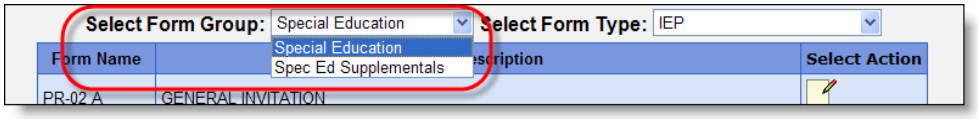


Words can also be added to the custom dictionary by clicking Add button while running spell check on a form.

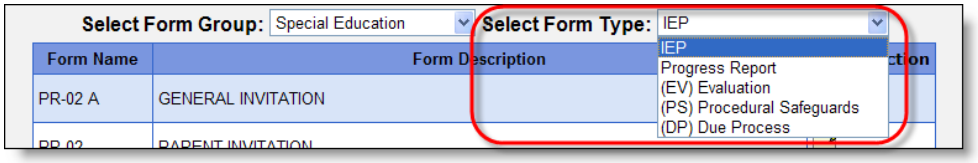


The forms in SSEM are divided into two groups: Special Education and Spec Ed Supplementals. The *Special Education* group contains the state Model Procedure forms where the *Spec Ed Supplementals* group contains the additional tools developed locally to aid in recording information. Each group is also divided into several form types which contain similar forms.

To change the selected group, click the drop down box beside Select Form Group



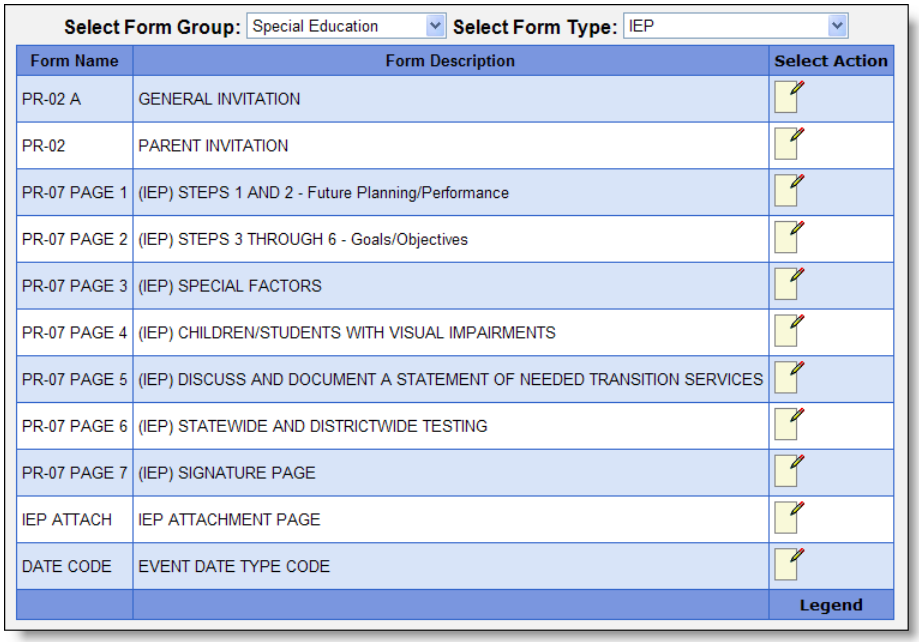
To then change the selected form type, click the drop down box beside Select Form Type



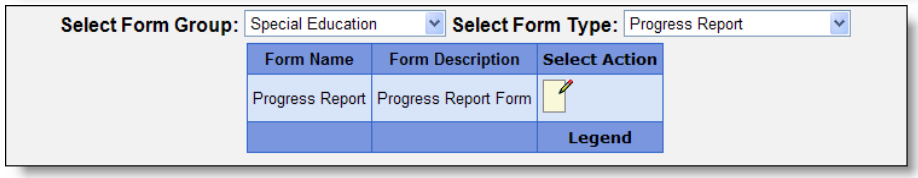
Each form is identified with a unique Form Name and Form Description and can be accessed through the icons in the Select Action column. The forms within each Form Group/Type are listed below.

Special Education Group

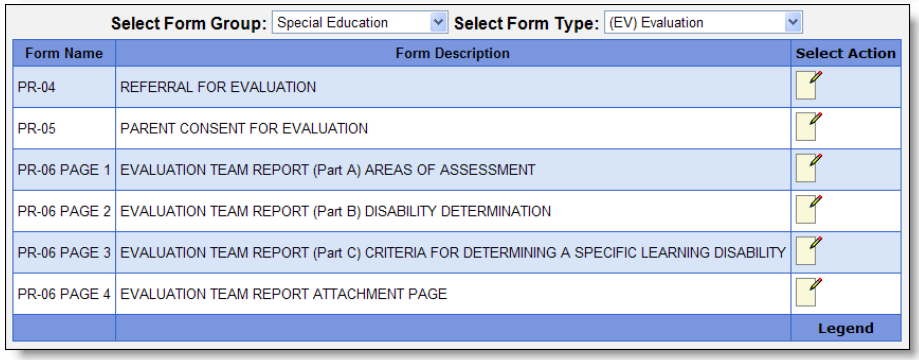
The *IEP* form type contains the state PR-02 and PR-07 forms.



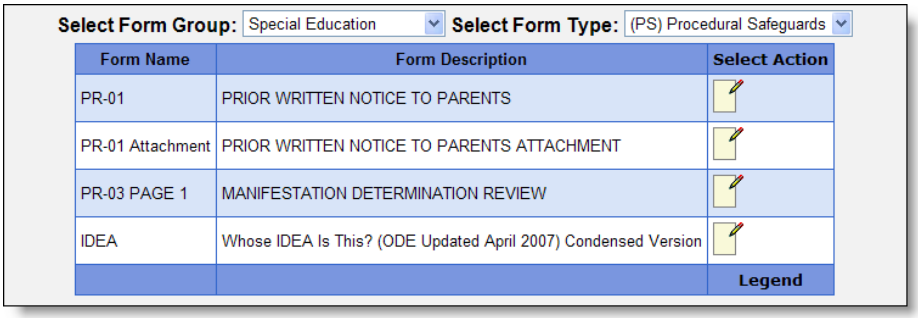
The *Progress Report* form type contains the IEP Progress Report.



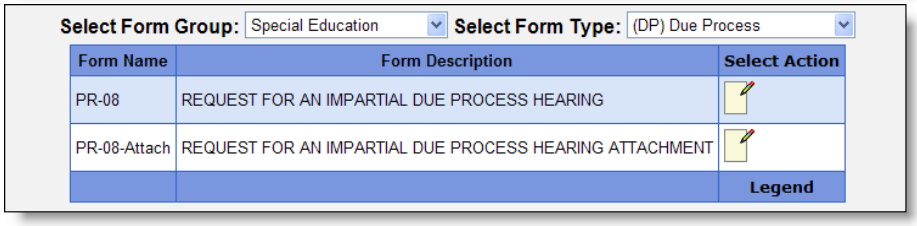
The *(EV) Evaluation* form type contains the state PR-04, PR-05, and PR-06 forms.



The *(PS) Procedural Safeguards* form type contains the state PR-01 and PR-03 forms.

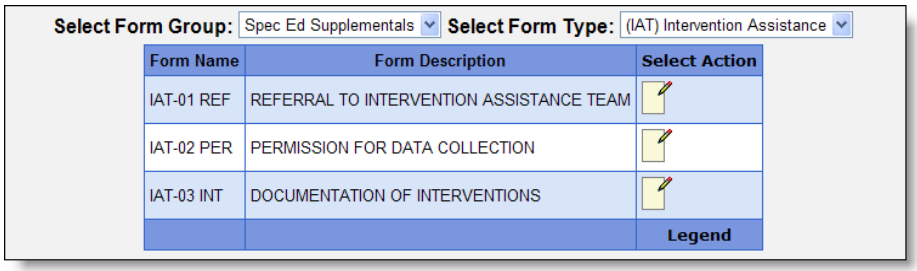


The *(DP) Due Process* form type contains the state PR-08 forms.

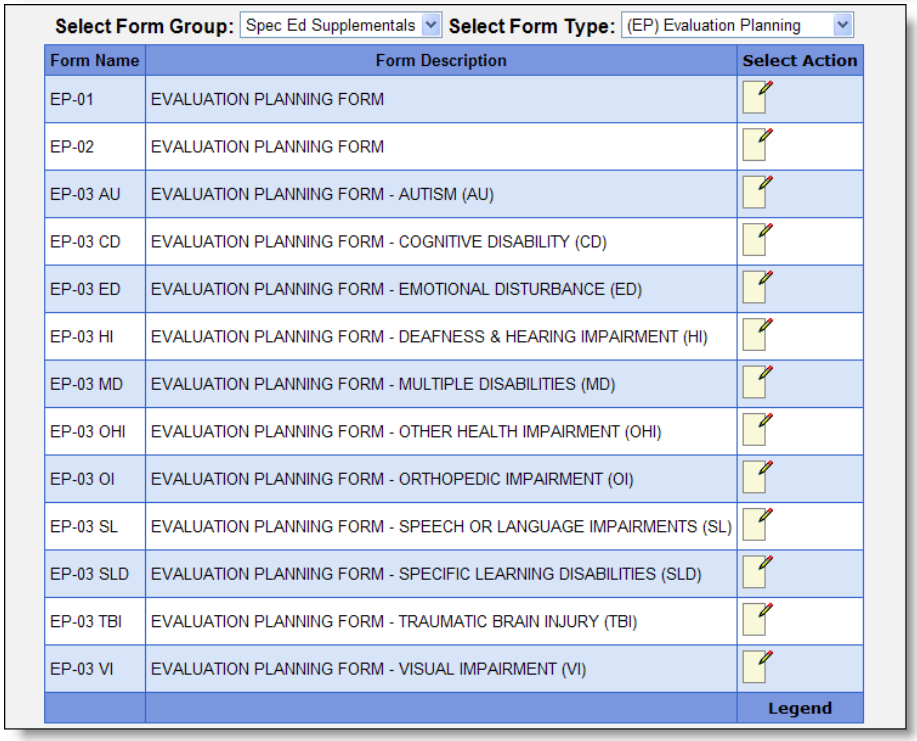


Sped Ed Supplementals Group

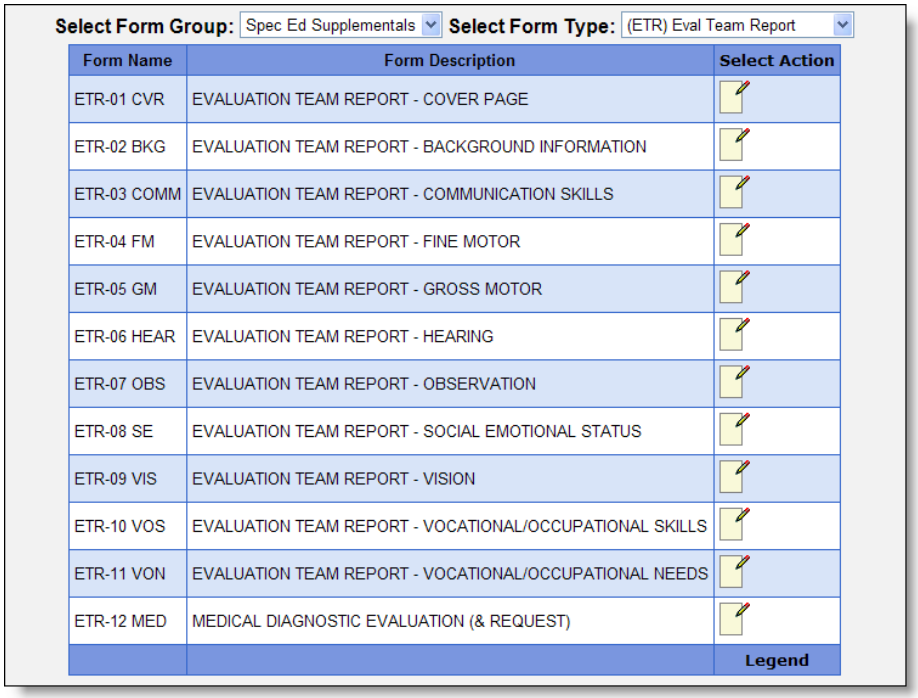
The *(IAT) Intervention Assistance* form type.



The *(EP) Evaluation Planning* form type.


Select Form Group: Spec Ed Supplementals
Select Form Type: (EP) Evaluation Planning
Form Name
Form Description
Select Action
EP-01
EVALUATION PLANNING FORM
EP-02
EVALUATION PLANNING FORM
EP-03 AU
EVALUATION PLANNING FORM - AUTISM (AU)
EP-03 CD
EVALUATION PLANNING FORM - COGNITIVE DISABILITY (CD)
EP-03 ED
EVALUATION PLANNING FORM - EMOTIONAL DISTURBANCE (ED)
EP-03 HI
EVALUATION PLANNING FORM - DEAFNESS & HEARING IMPAIRMENT (HI)
EP-03 MD
EVALUATION PLANNING FORM - MULTIPLE DISABILITIES (MD)
EP-03 OHI
EVALUATION PLANNING FORM - OTHER HEALTH IMPAIRMENT (OHI)
EP-03 OI
EVALUATION PLANNING FORM - ORTHOPEDIC IMPAIRMENT (OI)
EP-03 SL
EVALUATION PLANNING FORM - SPEECH OR LANGUAGE IMPAIRMENTS (SL)
EP-03 SLD
EVALUATION PLANNING FORM - SPECIFIC LEARNING DISABILITIES (SLD)
EP-03 TBI
EVALUATION PLANNING FORM - TRAUMATIC BRAIN INJURY (TBI)
EP-03 VI
EVALUATION PLANNING FORM - VISUAL IMPAIRMENT (VI)
Legend

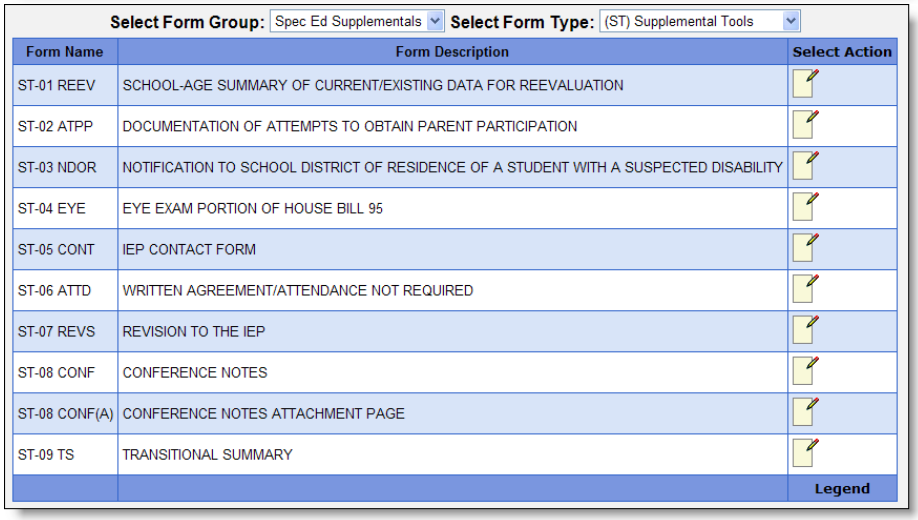
The *(ETR) Evaluation Team Report* form type.



Select Form Group: Spec Ed Supplementals **Select Form Type:** (ETR) Eval Team Report

Form Name	Form Description	Select Action
ETR-01 CVR	EVALUATION TEAM REPORT - COVER PAGE	
ETR-02 BKG	EVALUATION TEAM REPORT - BACKGROUND INFORMATION	
ETR-03 COMM	EVALUATION TEAM REPORT - COMMUNICATION SKILLS	
ETR-04 FM	EVALUATION TEAM REPORT - FINE MOTOR	
ETR-05 GM	EVALUATION TEAM REPORT - GROSS MOTOR	
ETR-06 HEAR	EVALUATION TEAM REPORT - HEARING	
ETR-07 OBS	EVALUATION TEAM REPORT - OBSERVATION	
ETR-08 SE	EVALUATION TEAM REPORT - SOCIAL EMOTIONAL STATUS	
ETR-09 VIS	EVALUATION TEAM REPORT - VISION	
ETR-10 VOS	EVALUATION TEAM REPORT - VOCATIONAL/OCCUPATIONAL SKILLS	
ETR-11 VON	EVALUATION TEAM REPORT - VOCATIONAL/OCCUPATIONAL NEEDS	
ETR-12 MED	MEDICAL DIAGNOSTIC EVALUATION (& REQUEST)	
		Legend

The *(ST) Supplemental Tools* form type includes a variety of additional forms.



Select Form Group: Spec Ed Supplementals **Select Form Type:** (ST) Supplemental Tools

Form Name	Form Description	Select Action
ST-01 REEV	SCHOOL-AGE SUMMARY OF CURRENT/EXISTING DATA FOR REEVALUATION	
ST-02 ATPP	DOCUMENTATION OF ATTEMPTS TO OBTAIN PARENT PARTICIPATION	
ST-03 NDOR	NOTIFICATION TO SCHOOL DISTRICT OF RESIDENCE OF A STUDENT WITH A SUSPECTED DISABILITY	
ST-04 EYE	EYE EXAM PORTION OF HOUSE BILL 95	
ST-05 CONT	IEP CONTACT FORM	
ST-06 ATTD	WRITTEN AGREEMENT/ATTENDANCE NOT REQUIRED	
ST-07 REVS	REVISION TO THE IEP	
ST-08 CONF	CONFERENCE NOTES	
ST-08 CONF(A)	CONFERENCE NOTES ATTACHMENT PAGE	
ST-09 TS	TRANSITIONAL SUMMARY	
		Legend

Several icons are used repeated in the SSEM software. This legend provides quick explanation of the features the icon designates.

SSEM Homepage
Navigates from any screen back to the SSEM homepage. It is located in the upper right corner of the SSEM screens. Does not appear when forms are open, as the forms must be closed to navigate to the SSEM homepage.

Create Form
Creates a new blank form.

Edit Form
Views an existing form in proposed state, not finalized. If specific form allows for multiple copies, will allow user to create another new form.

Comments
Allows users to leave comments to one another without information displaying on the forms. Not recommended tool as no distinction between no comments, comments left by current user, or comments left by another user.

Save Form
Saves the information keyed on the form. It is recommended to save as the forms are being worked on to prevent lost data. The Save Form buttons are located on every form in both the upper right and bottom right corners.

Clear Form
Clears all information keyed on the form except the demographic information which pre-populates on the form. If the data is cleared and then saved, there is no way to retrieve the cleared data. It is located on the bottom left corner of forms. In the event of multiple page form, the Clear Form button will be located on the last page.

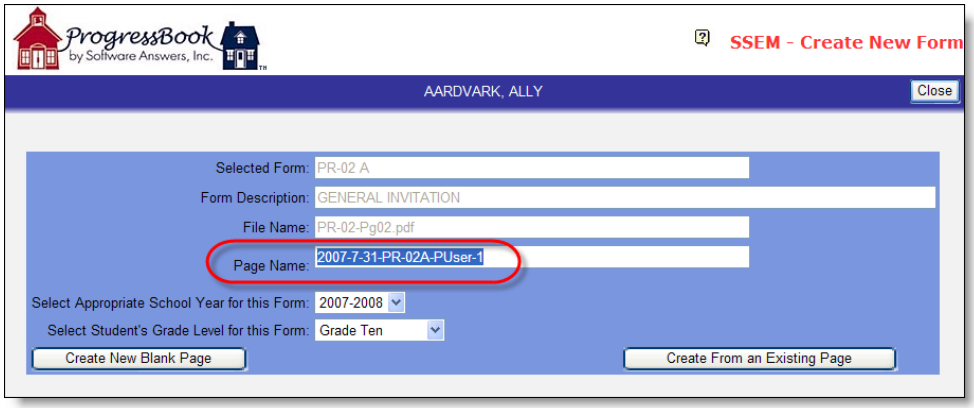
The majority of the work done in SSEM is on the forms. While there are several different forms, they all function in the same manner.

Creating a New Form

Click on the Create Form icon beside the desired form.

When the Create New Form screen opens, the form will be named using a default naming convention.

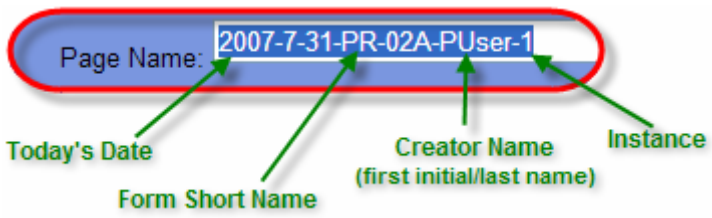
All form names cannot exceed 45 characters in length.


ProgressBook
by Software Answers, Inc.
SSEM - Create New Form
AARDVARK, ALLY
Close
Selected Form: PR-02 A
Form Description: GENERAL INVITATION
File Name: PR-02-Pg02.pdf
Page Name: 2007-7-31-PR-02A-PUser-1
Select Appropriate School Year for this Form: 2007-2008
Select Student's Grade Level for this Form: Grade Ten
Create New Blank Page
Create From an Existing Page

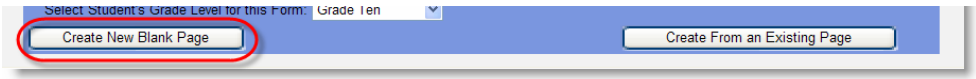
The default page name consists of four parts:

- Today's Date
- Form Short Name
- Creator Name
- Instance

It is recommended to change at least the Form Short Name to a more descriptive word or phrase.



Once the form is named, click the Create New Blank Page button to create the form.

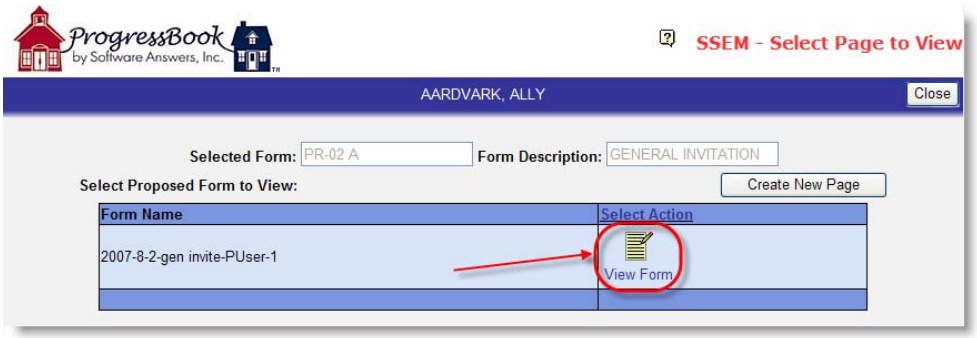


Viewing an Existing Form

Click on the Edit Form icon beside the desired form

When the Select Page to View screen open, click on the View Form Edit icon beside the desired page to open the form

If Form allows multiple copies, all created copies will be listed on the Select Page to View screen.

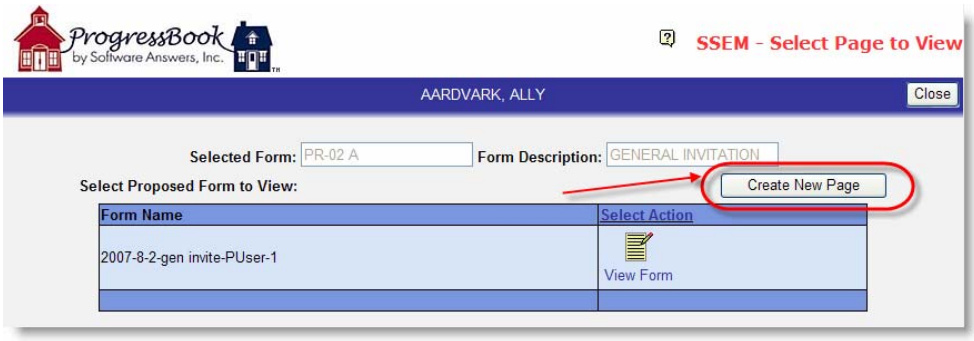


Creating another New Form

Click on the Edit Form icon beside the desired form

When the Select Page to View screen open, click on the Create New Page button

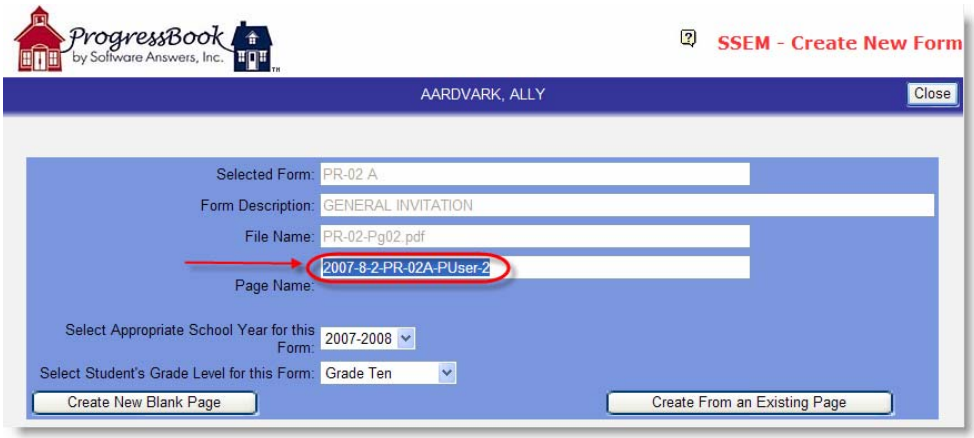
If Form only allows one copy, the Create New Page button will not be visible.



When the Create New Form screen opens, the form will be named using a default naming convention.

It is recommended to change at least the Form Short Name to a more descriptive word or phrase.

All form names cannot exceed 45 characters in length.


ProgressBook
by Software Answers, Inc.
SSEM - Create New Form
AARDVARK, ALLY
Close
Selected Form: PR-02 A
Form Description: GENERAL INVITATION
File Name: PR-02-Pg02.pdf
Page Name: 2007-8-2-PR-02A-PUser-2
Select Appropriate School Year for this Form: 2007-2008
Select Student's Grade Level for this Form: Grade Ten
Create New Blank Page
Create From an Existing Page

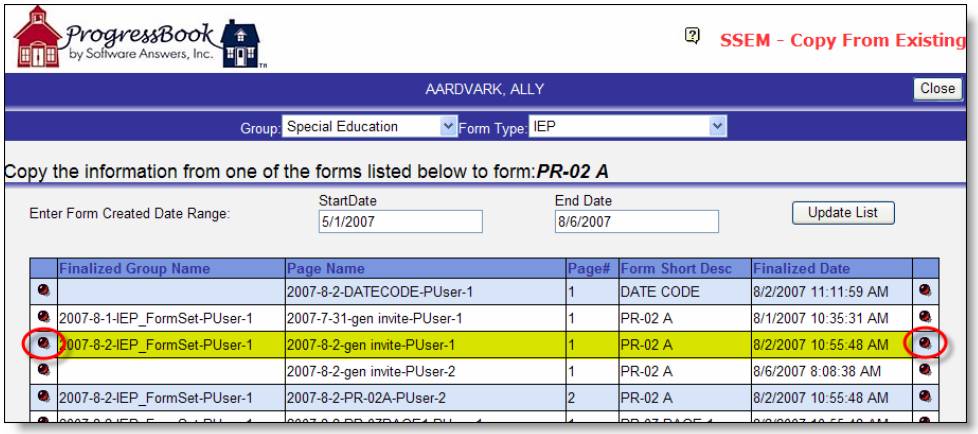
Once the form is named, click the Create New Blank Page button to create the form.

Creating a New Form using data on an Existing Form

After naming the form on the Create New form screen, click on the Create From an Existing Page button

When the Copy From Existing screen opens, locate the desired original form and click the red pin on either side of the form row

This will create a new form but copy the information keyed on the original form. The original form will not be changed.


ProgressBook
by Software Answers, Inc.
SSEM - Copy From Existing
AARDVARK, ALLY
Close
Group: Special Education
Form Type: IEP
Copy the information from one of the forms listed below to form: PR-02 A
Enter Form Created Date Range:
StartDate
5/1/2007
End Date
8/6/2007
Update List
Finalized Group Name | Page Name | Page# | Form Short Desc | Finalized Date
2007-8-2-DATECODE-PUser-1 | 1 | DATE CODE | 8/2/2007 11:11:59 AM
2007-8-1-IEP_FormSet-PUser-1 | 2007-7-31-gen invite-PUser-1 | 1 | PR-02 A | 8/1/2007 10:35:31 AM
2007-8-2-IEP_FormSet-PUser-1 | 2007-8-2-gen invite-PUser-1 | 1 | PR-02 A | 8/2/2007 10:55:48 AM
2007-8-2-gen invite-PUser-2 | 1 | PR-02 A | 8/6/2007 8:08:38 AM
2007-8-2-IEP_FormSet-PUser-1 | 2007-8-2-PR-02A-PUser-2 | 2 | PR-02 A | 8/2/2007 10:55:48 AM

** Blank Finalized Group Name indicates form still in proposed state*

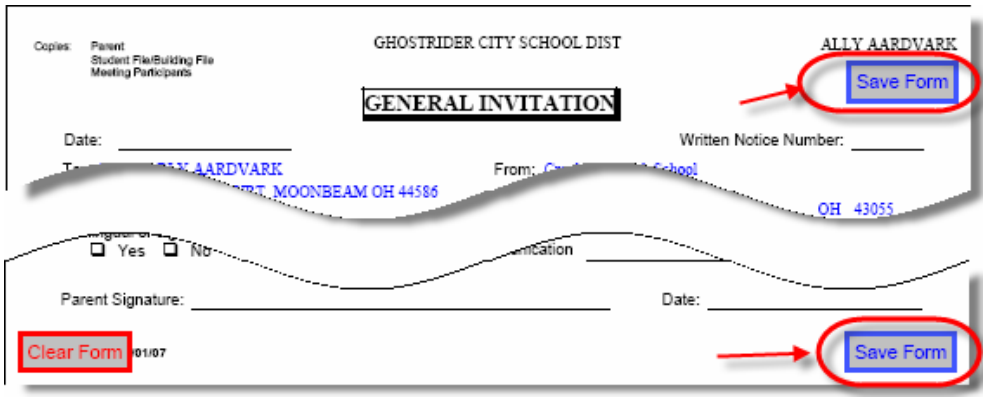
** Narrow list by modifying the Form Created Date Range*

** Sort listing by clicking on any column heading.*

Saving a Form

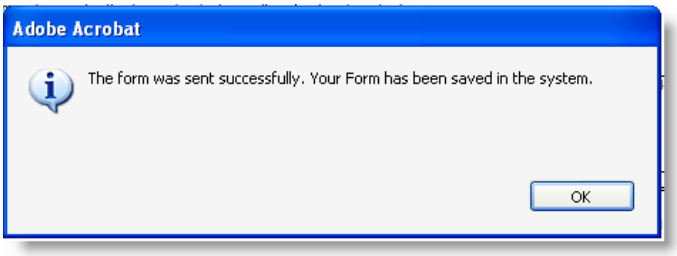
To save information keyed on any form, click one of the Save Form buttons located on the form.

There are two Save Form buttons located on every page of the form: one at the top right corner and one at the bottom right corner.



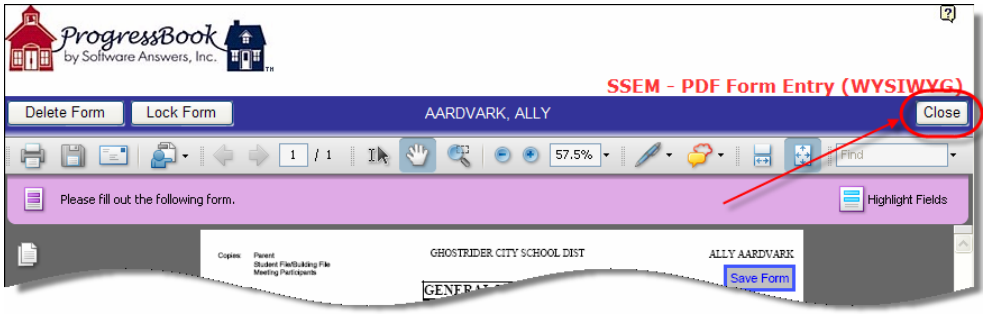
Once the form has been saved, the Save confirmation box will display to confirm the save completed.

Click OK to continue working on the form.



Closing a Form

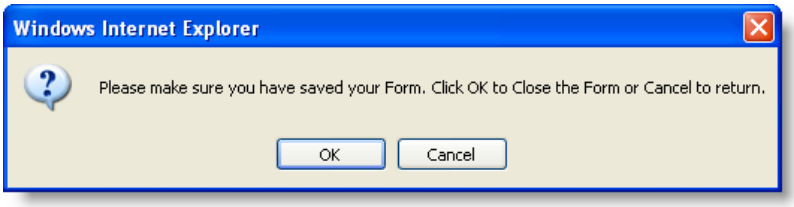
Click Close button on right side of dark blue bar, a close confirmation box will appear.



Click OK to continue closing the form

– or –

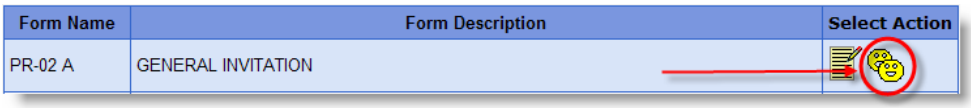
Click Cancel to return to the form.


Windows Internet Explorer
Please make sure you have saved your Form. Click OK to Close the Form or Cancel to return.
OK
Cancel

** If spell check is turned* on, *user will be directed to the Spell Check Review Screen*
** If spell check is turned* off, *user will be directed to the SSEM homepage*

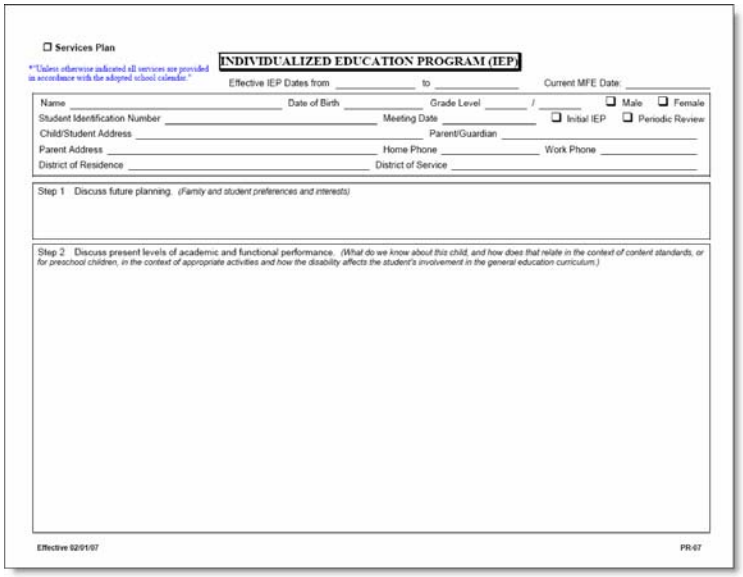
Commenting on a Form

It is not recommended to utilize this feature due to inefficiency and ineffectiveness of communication.



PR-07 PAGE 1
(IEP) STEPS 1 AND 2 – Future Planning/Performance

**Required part of the IEP/EMIS Set*



❑ Services Plan

Unless otherwise indicated all services are provided in accordance with the adopted school calendar.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Effective IEP Dates from _____ to _____ Current MFE Date: _____

Name _____ Date of Birth _____ Grade Level _____ / _____ ❑ Male ❑ Female

Student Identification Number _____ Meeting Date _____ ❑ Initial IEP ❑ Periodic Review

Child/Student Address _____ Parent/Guardian _____

Parent Address _____ Home Phone _____ Work Phone _____

District of Residence _____ District of Service _____

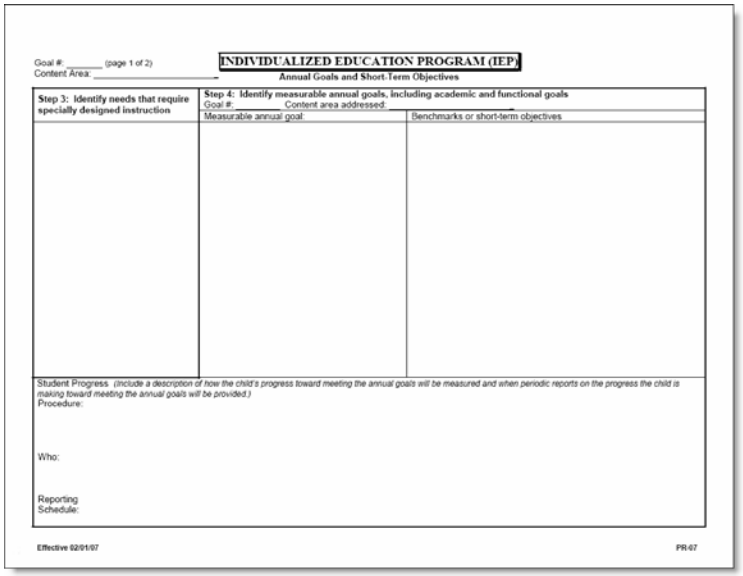
Step 1 Discuss future planning. *(Family and student preferences and interests)*

Step 2 Discuss present levels of academic and functional performance. *(What do we know about this child, and how does that relate in the context of content standards, or for preschool children, in the context of appropriate activities and how the disability affects the student's involvement in the general education curriculum.)*

Effective 02/01/07 PR-07

PR-07 PAGE 2
(IEP) STEPS 3 THROUGH 6 – Goals/Objectives

**Required part of the IEP/EMIS Set*



Goal #: _____ (page 1 of 2)
Content Area: _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Annual Goals and Short-Term Objectives

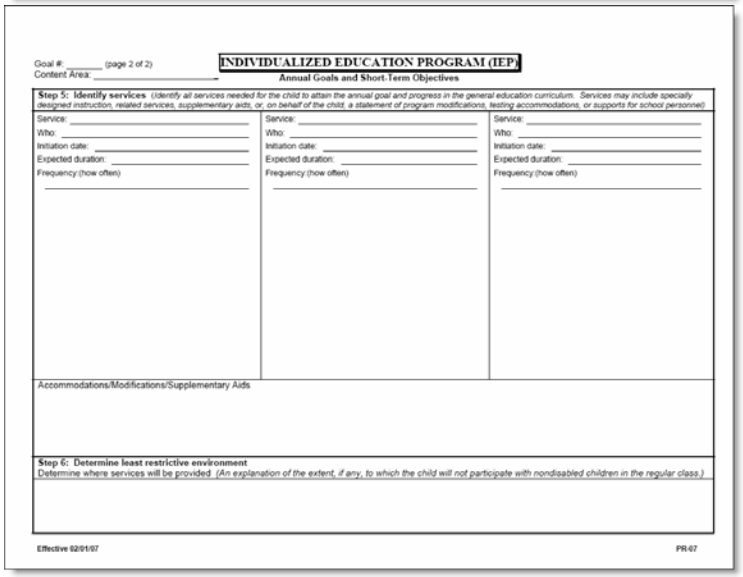
Step 3: Identify needs that require specially designed instruction	**Step 4: Identify measurable annual goals, including academic and functional goals** Goal #: _____ Content area addressed: _____	
	Measurable annual goal:	Benchmarks or short-term objectives

Student Progress *(Include a description of how the child's progress toward meeting the annual goals will be measured and when periodic reports on the progress the child is making toward meeting the annual goals will be provided.)*
Procedure:

Who:

Reporting Schedule:

Effective 02/01/07 PR-07



Goal #: _____ (page 2 of 2)
Content Area: _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Annual Goals and Short-Term Objectives

Step 5: Identify services *(Identify all services needed for the child to attain the annual goal and progress in the general education curriculum. Services may include specially designed instruction, related services, supplementary aids, or, on behalf of the child, a statement of program modifications, testing accommodations, or supports for school personnel)*

Service: _____	Service: _____	Service: _____
Who: _____	Who: _____	Who: _____
Initiation date: _____	Initiation date: _____	Initiation date: _____
Expected duration: _____	Expected duration: _____	Expected duration: _____
Frequency (how often) _____	Frequency (how often) _____	Frequency (how often) _____

Accommodations/Modifications/Supplementary Aids

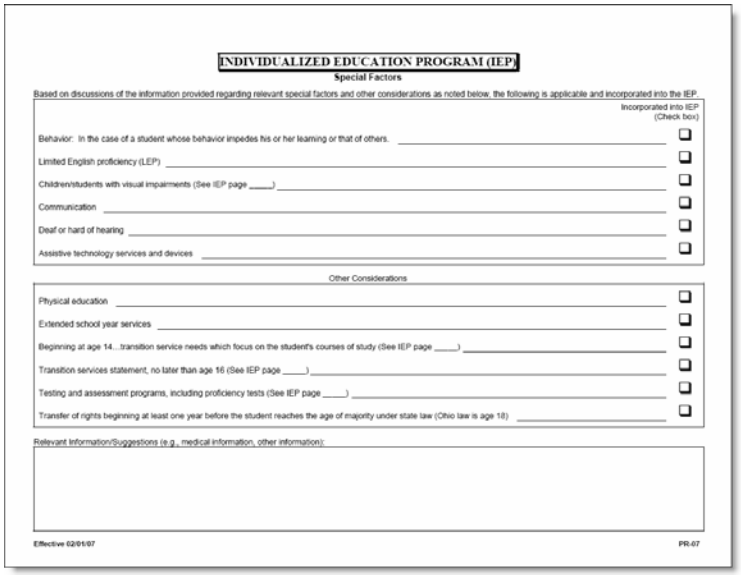
Step 6: Determine least restrictive environment
Determine where services will be provided *(An explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class.)*

Effective 02/01/07 PR-07

PR-07 PAGE 3

(IEP) SPECIAL FACTORS

**Required part of the IEP/EMIS Set*



INDIVIDUALIZED EDUCATION PROGRAM (IEP)
Special Factors

Based on discussions of the information provided regarding relevant special factors and other considerations as noted below, the following is applicable and incorporated into the IEP.

	Incorporated into IEP (Check box)
Behavior: In the case of a student whose behavior impedes his or her learning or that of others.	☐
Limited English proficiency (LEP)	☐
Children/students with visual impairments (See IEP page ____)	☐
Communication	☐
Deaf or hard of hearing	☐
Assistive technology services and devices	☐

Other Considerations

Physical education	☐
Extended school year services	☐
Beginning at age 14...transition service needs which focus on the student's courses of study (See IEP page ____)	☐
Transition services statement, no later than age 16 (See IEP page ____)	☐
Testing and assessment programs, including proficiency tests (See IEP page ____)	☐
Transfer of rights beginning at least one year before the student reaches the age of majority under state law (Ohio law is age 18)	☐

Relevant Information/Suggestions (e.g., medical information, other information):

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PR-07 PAGE 4

(IEP) CHILDREN/STUDENTS WITH VISUAL IMPAIRMENTS

INDIVIDUALIZED EDUCATION PROGRAM (IEP)
Children/Students with Visual Impairments

Child/Student: _____ Grade Level _____ / _____ Service _____

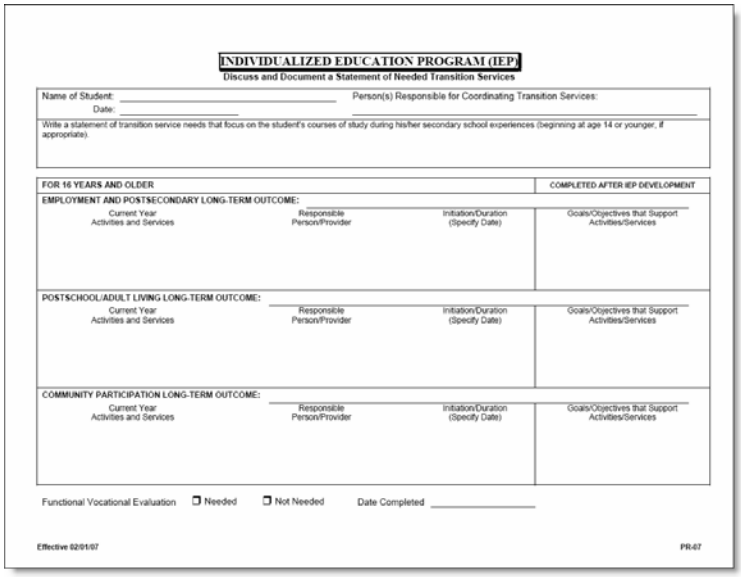
INSTRUCTIONS: This form shall be completed during the IEP meeting for each child/student who has a visual impairment, as defined by Ohio's Amended Substitute House Bill Number 164, which requires a statement specifying one or more reading and writing media in which instruction is appropriate to meet the child's/student's educational needs. A copy of this completed form is part of, and must be attached to, the child's/student's IEP form.

	Yes	No
1. Annual assessment of reading and writing skills was conducted with each child/student in all media considered appropriate. The results of these assessments are included in "Present Levels of Development/Functioning/Performance" on the IEP and indicate both strengths and weaknesses.	☐	☐
2. The IEP contains a requirement for instruction in Braille reading and writing when that medium is appropriate and is indicated by adding "Standard English Braille" as a special service in Step 4, listing the date initiated and the anticipated duration of services.	☐	☐
3. Instruction in Braille reading and writing was carefully considered for this child/student and pertinent literature describing the educational benefits of instruction in Braille reading and writing was reviewed by the persons developing this child's/student's IEP.	☐	☐
4. The following visual condition(s) was taken into account and discussed in making the above decision:		
Condition is degenerative and progressive loss is expected.	☐	☐
Condition is currently unpredictable in nature and will be reviewed if change in visual condition is noted.	☐	☐
Condition is temporary and expected to improve.	☐	☐
Condition is stable and will be monitored.	☐	☐
5. Indicate the appropriate instructional media		
Standard English Braille	☐	☐
Large Print	☐	☐
Regular Print	☐	☐
Tape/auditory	☐	☐
Pre-reader	☐	☐
6. Complete if Braille reading and writing **ARE** appropriate at this time		
Annual goals provided	☐	☐
Short-term objectives provided	☐	☐
Date of initiation indicated	☐	☐
Frequency and duration of instructional sessions indicated	☐	☐
Level of competency to be achieved annually indicated	☐	☐
Objective determinants used to measure achievement provided	☐	☐
7. Reasons Braille reading and writing **ARE NOT** appropriate this time		
Documented visual acuity allowing the choice of larger type/regular type	☐	☐
Child/student is considered a pre-reader	☐	☐
Other	☐	☐

Effective 02/01/07 PR-07

PR-07 PAGE 5

(IEP) DISCUSS AND DOCUMENT A STATEMENT OF NEEDED TRANSITION SERVICES



INDIVIDUALIZED EDUCATION PROGRAM (IEP)
Discuss and Document a Statement of Needed Transition Services

Name of Student: _____ Person(s) Responsible for Coordinating Transition Services:
Date: _____

Write a statement of transition service needs that focus on the student's courses of study during his/her secondary school experiences (beginning at age 14 or younger, if appropriate).

FOR 16 YEARS AND OLDER			COMPLETED AFTER IEP DEVELOPMENT
EMPLOYMENT AND POSTSECONDARY LONG-TERM OUTCOME:			
Current Year Activities and Services	Responsible Person/Provider	Initiation/Duration (Specify Date)	Goals/Objectives that Support Activities/Services
POSTSCHOOL/ADULT LIVING LONG-TERM OUTCOME:			
Current Year Activities and Services	Responsible Person/Provider	Initiation/Duration (Specify Date)	Goals/Objectives that Support Activities/Services
COMMUNITY PARTICIPATION LONG-TERM OUTCOME:			
Current Year Activities and Services	Responsible Person/Provider	Initiation/Duration (Specify Date)	Goals/Objectives that Support Activities/Services

Functional Vocational Evaluation ☐ Needed ☐ Not Needed Date Completed _____

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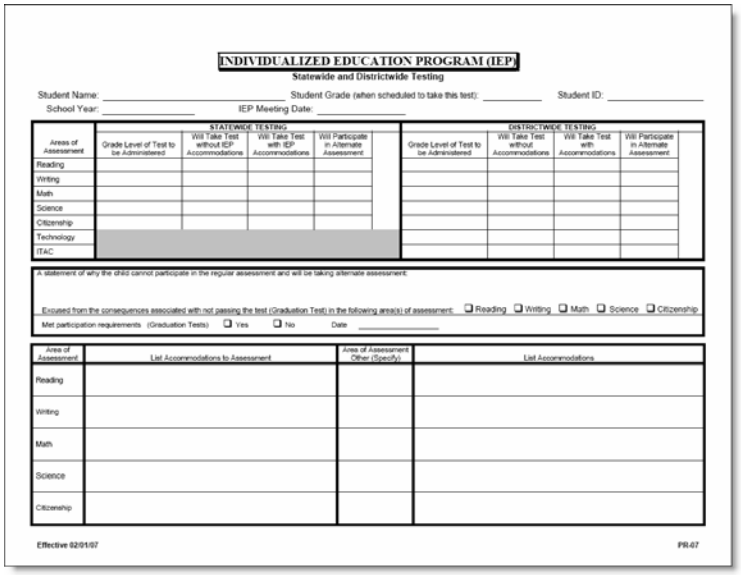
(IEP) STATEWIDE AND DISTRICTWIDE TESTING

**Required part of the IEP/EMIS Set*



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Statewide and Districtwide Testing

Student Name: _____ Student Grade (when scheduled to take this test): _____ Student ID: _____

School Year: _____ IEP Meeting Date: _____

Areas of Assessment	STATEWIDE TESTING: Grade Level of Test to be Administered	Will Take Test without IEP Accommodations	Will Take Test with IEP Accommodations	Will Participate in Alternate Assessment	DISTRICTWIDE TESTING: Grade Level of Test to be Administered	Will Take Test without Accommodations	Will Take Test with Accommodations	Will Participate in Alternate Assessment
Reading								
Writing								
Math								
Science								
Citizenship								
Technology								
ITAC								

A statement of why the child cannot participate in the regular assessment and will be taking alternate assessment:

Excused from the consequences associated with not passing the test (Graduation Test) in the following area(s) of assessment: ❑ Reading ❑ Writing ❑ Math ❑ Science ❑ Citizenship

Met participation requirements (Graduation Tests) ❑ Yes ❑ No Date _____

Area of Assessment	List Accommodations to Assessment	Area of Assessment Other (Specify)	List Accommodations
Reading			
Writing			
Math			
Science			
Citizenship			

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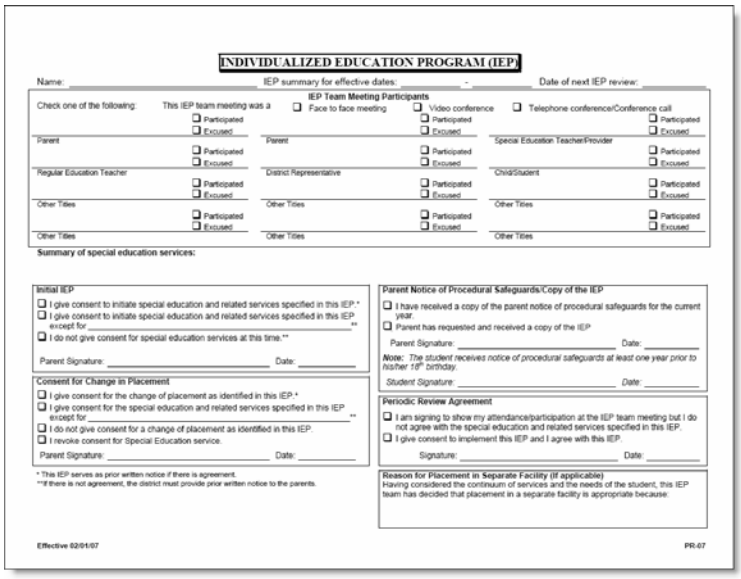
(IEP) SIGNATURE PAGE

**Required part of the IEP/EMIS Set*



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Name: _____ IEP summary for effective dates: _____ - _____ Date of next IEP review: _____

IEP Team Meeting Participants

Check one of the following:	This IEP team meeting was a ❑ Face to face meeting	❑ Video conference	❑ Telephone conference/Conference call
	❑ Participated ❑ Excused	❑ Participated ❑ Excused	❑ Participated ❑ Excused
Parent	Parent	Special Education Teacher/Provider	
	❑ Participated ❑ Excused	❑ Participated ❑ Excused	❑ Participated ❑ Excused
Regular Education Teacher	District Representative	Child/Student	
	❑ Participated ❑ Excused	❑ Participated ❑ Excused	❑ Participated ❑ Excused
Other Titles	Other Titles	Other Titles	
	❑ Participated ❑ Excused	❑ Participated ❑ Excused	❑ Participated ❑ Excused
Other Titles	Other Titles	Other Titles	

Summary of special education services:

Initial IEP

❑ I give consent to initiate special education and related services specified in this IEP.*
❑ I give consent to initiate special education and related services specified in this IEP except for _____**
❑ I do not give consent for special education services at this time.**

Parent Signature: _____ Date: _____

Consent for Change in Placement

❑ I give consent for the change of placement as identified in this IEP.*
❑ I give consent for the special education and related services specified in this IEP except for _____**
❑ I do not give consent for a change of placement as identified in this IEP.
❑ I revoke consent for Special Education service.

Parent Signature: _____ Date: _____

* This IEP serves as prior written notice if there is agreement.
** If there is not agreement, the district must provide prior written notice to the parents.

Parent Notice of Procedural Safeguards/Copy of the IEP

❑ I have received a copy of the parent notice of procedural safeguards for the current year.
❑ Parent has requested and received a copy of the IEP

Parent Signature: _____ Date: _____

Note: The student receives notice of procedural safeguards at least one year prior to his/her 18th birthday.

Student Signature: _____ *Date:* _____

Periodic Review Agreement

❑ I am signing to show my attendance/participation at the IEP team meeting but I do not agree with the special education and related services specified in this IEP.
❑ I give consent to implement this IEP and I agree with this IEP.

Signature: _____ Date: _____

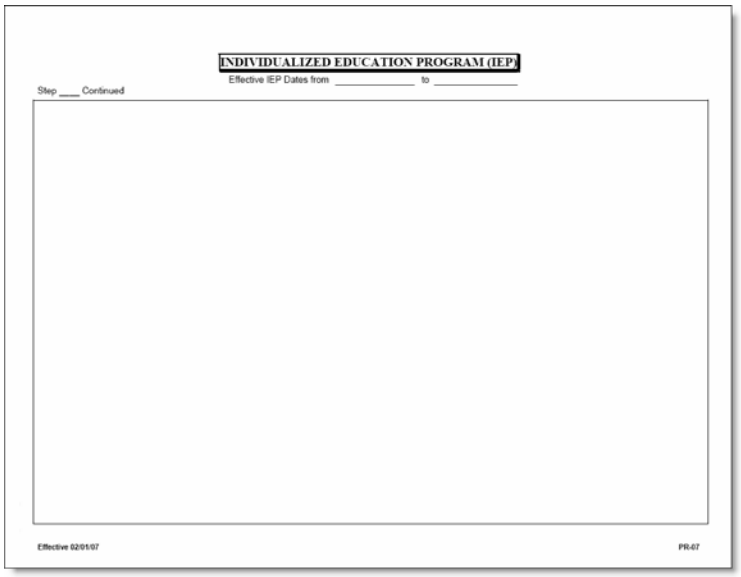
Reason for Placement in Separate Facility (If applicable)

Having considered the continuum of services and the needs of the student, this IEP team has decided that placement in a separate facility is appropriate because:

Effective 02/01/07 PR-07

IEP ATTACH

IEP ATTACHMENT PAGE



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Effective IEP Dates from _____ to _____

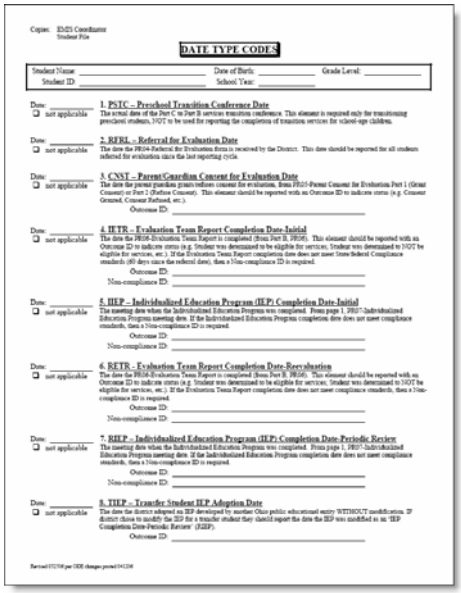
Step ___ Continued

Effective 02/01/07 PR-07

DATE CODE

EVENT DATE TYPE CODE

**Required part of the IEP/EMIS Set*



DATE TYPE CODES

Student Name: _____ Date of Birth: _____ Grade Level: _____
Student ID: _____ School Year: _____

1. PSTC – Preschool Transition Conference Date
2. RFRL – Referral for Evaluation Date
3. CNST – Parent/Guardian Consent for Evaluation Date
4. IETR – Evaluation Team Report Completion Date-Initial
5. IIEP – Individualized Education Program (IEP) Completion Date-Initial
6. RETR – Evaluation Team Report Completion Date-Reevaluation
7. RIEP – Individualized Education Program (IEP) Completion Date-Periodic Review
8. TIEP – Transfer Student IEP Adoption Date

PR-02 A

GENERAL INVITIATION

GENERAL INVITATION

Date: _____ Written Notice Number: _____
To: From:

I am inviting you to attend a meeting to discuss the educational needs of:
Student's Full Name Date of Birth

PURPOSE FOR MEETING (Check all which apply)
- To determine if a child has a suspected disability
- To develop an evaluation plan
- To determine eligibility for services as a child with a disability
- To develop, review, and/or revise the student's IEP
- To determine reevaluation needs
- To discuss transition from early childhood to school-age programs
- To discuss transition from school-age to post-secondary programs/activities
- To discuss discipl/nary matters
- At your request to discuss: _____
- Other: _____

This conference will be scheduled as a (check one)
Face to face meeting Video Conference Telephone Conference/Conference Call

Date: _____ Time: _____ Location: _____

Other persons who have been invited to attend this meeting include:
Regular Education Teacher, Student, Occupational Therapist, Speech and Language Pathologist, School Psychologist, Physical Therapist, Special Education Teacher, District Representative, Guidance Counselor, Other (Specify): _____

You are welcome to bring any information, including formal or informal test results, work samples, etc., to the meeting. You may bring someone who has knowledge or special expertise regarding your child or someone to assist you at the meeting.

If you would like to schedule the conference at a different time, date, or location, or if you require an interpreter, please contact: _____ at _____

Call or complete and return to the student's school.

Cut and Return this portion to: _____ Phone: _____
Address: _____

Name of Student: _____ Birth Date: _____

This meeting is scheduled for: Date: _____ Time: _____

I will attend/participate; I would like the location of this meeting changed
Another/Others will accompany me (optional); I would like to change the type of meeting to _____ (face to face, video, teleconference)
I will not attend/participate

I would like this meeting rescheduled for the following suggested date and time: _____ *For Parent Use Only*

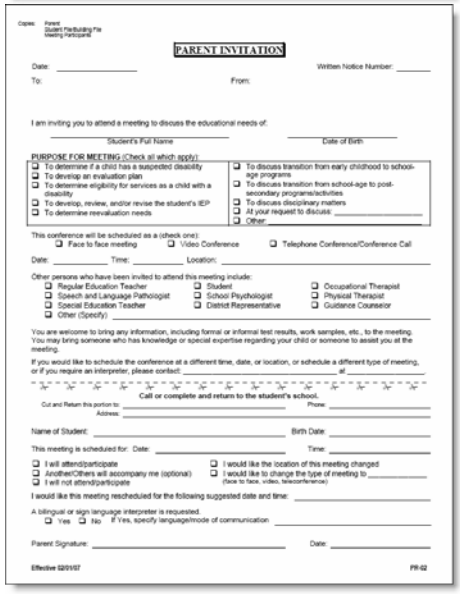
A bilingual or sign language interpreter is requested.
Yes No If Yes, specify language/mode of communication: _____

Parent Signature: _____ Date: _____

Effective 02/01/07 PR-02

PR-02

PARENT INVITIATION



PARENT INVITATION

Date: _____ Written Notice Number: _____
To: From:

I am inviting you to attend a meeting to discuss the educational needs of:
Student's Full Name Date of Birth

PURPOSE FOR MEETING (Check all which apply)
- To determine if a child has a suspected disability
- To develop an evaluation plan
- To determine eligibility for services as a child with a disability
- To develop, review, and/or revise the student's IEP
- To determine reevaluation needs
- To discuss transition from early childhood to school-age programs
- To discuss transition from school-age to post-secondary programs/activities
- To discuss discipl/nary matters
- At your request to discuss: _____
- Other: _____

This conference will be scheduled as a (check one)
Face to face meeting Video Conference Telephone Conference/Conference Call

Date: _____ Time: _____ Location: _____

Other persons who have been invited to attend this meeting include:
Regular Education Teacher, Student, Occupational Therapist, Speech and Language Pathologist, School Psychologist, Physical Therapist, Special Education Teacher, District Representative, Guidance Counselor, Other (Specify): _____

You are welcome to bring any information, including formal or informal test results, work samples, etc., to the meeting. You may bring someone who has knowledge or special expertise regarding your child or someone to assist you at the meeting.

If you would like to schedule the conference at a different time, date, or location, or schedule a different type of meeting, or if you require an interpreter, please contact: _____ at _____

Call or complete and return to the student's school.

Cut and Return this portion to: _____ Phone: _____
Address: _____

Name of Student: _____ Birth Date: _____

This meeting is scheduled for: Date: _____ Time: _____

I will attend/participate; I would like the location of this meeting changed
Another/Others will accompany me (optional); I would like to change the type of meeting to _____ (face to face, video, teleconference)
I will not attend/participate

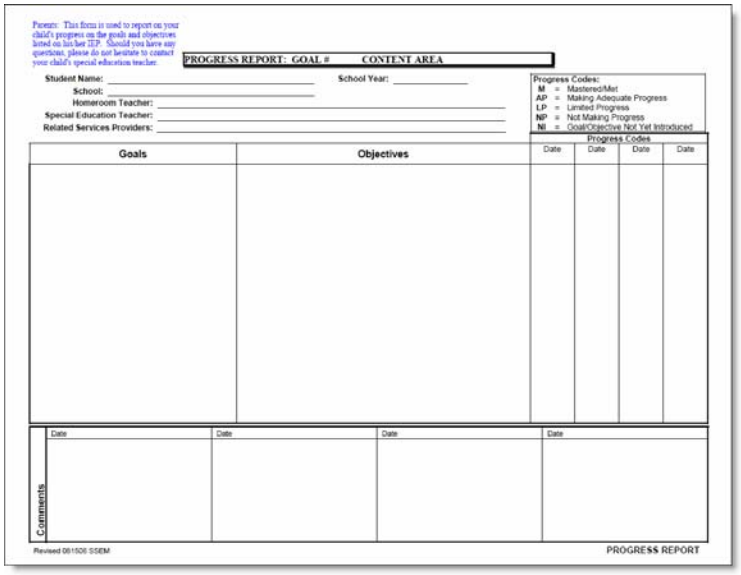
I would like this meeting rescheduled for the following suggested date and time: _____

A bilingual or sign language interpreter is requested.
Yes No If Yes, specify language/mode of communication: _____

Parent Signature: _____ Date: _____

Effective 02/01/07 PR-02

Progress Report



Parents: This form is used to report on your child's progress on the goals and objectives listed on his/her IEP. Should you have any questions, please do not hesitate to contact your child's special education teacher.

PROGRESS REPORT: GOAL # CONTENT AREA

Student Name: School Year:
School:
Homeroom Teacher:
Special Education Teacher:
Related Services Providers:

Progress Codes:
M = Mastered/Met
AP = Making Adequate Progress
LP = Limited Progress
NP = Not Making Progress
NI = Goal/Objective Not Yet Introduced

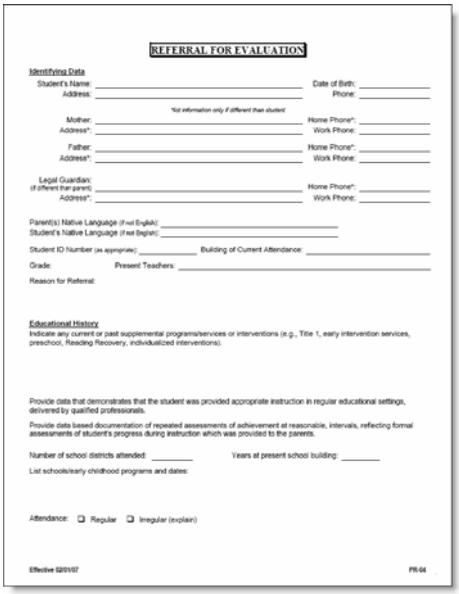
Goals	Objectives	Progress Codes Date	Date	Date	Date

Comments	Date	Date	Date	Date

Revised 061506 SSEM PROGRESS REPORT

PR-04

REFERRAL FOR EVALUATION



REFERRAL FOR EVALUATION

Identifying Data
Student's Name: Date of Birth:
Address: Phone:
*list information only if different than student
Mother: Home Phone*:
Address*: Work Phone:
Father: Home Phone*:
Address*: Work Phone:
Legal Guardian:
(if different than parent) Home Phone*:
Address*: Work Phone:
Parent(s) Native Language (if not English):
Student's Native Language (if not English):
Student ID Number (as appropriate): Building of Current Attendance:
Grade: Present Teachers:
Reason for Referral:

Educational History
Indicate any current or past supplemental programs/services or interventions (e.g., Title 1, early intervention services, preschool, Reading Recovery, individualized interventions).

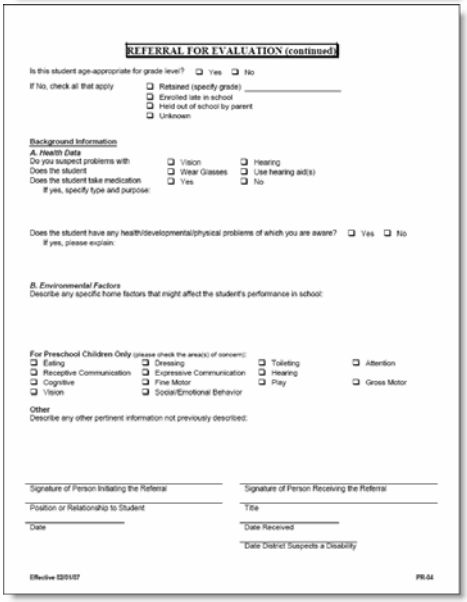
Provide data that demonstrates that the student was provided appropriate instruction in regular educational settings, delivered by qualified professionals.

Provide data based documentation of repeated assessments of achievement at reasonable, intervals, reflecting formal assessments of student's progress during instruction which was provided to the parents.

Number of school districts attended: Years at present school building:
List schools/early childhood programs and dates:

Attendance: ❑ Regular ❑ Irregular (explain)

Effective 02/01/07 PR-04



REFERRAL FOR EVALUATION (continued)

Is this student age-appropriate for grade level? ❑ Yes ❑ No
If No, check all that apply:
❑ Retained (specify grade)
❑ Enrolled late in school
❑ Held out of school by parent
❑ Unknown

Background Information
A. Health Data
Do you suspect problems with ❑ Vision ❑ Hearing
Does the student ❑ Wear Glasses ❑ Use hearing aid(s)
Does the student take medication ❑ Yes ❑ No
If yes, specify type and purpose:

Does the student have any health/developmental/physical problems of which you are aware? ❑ Yes ❑ No
If yes, please explain:

B. Environmental Factors
Describe any specific home factors that might affect the student's performance in school:

For Preschool Children Only (please check the area(s) of concern):
❑ Eating ❑ Dressing ❑ Toileting ❑ Attention
❑ Receptive Communication ❑ Expressive Communication ❑ Hearing
❑ Cognitive ❑ Fine Motor ❑ Play ❑ Gross Motor
❑ Vision ❑ Social/Emotional Behavior

Other
Describe any other pertinent information not previously described:

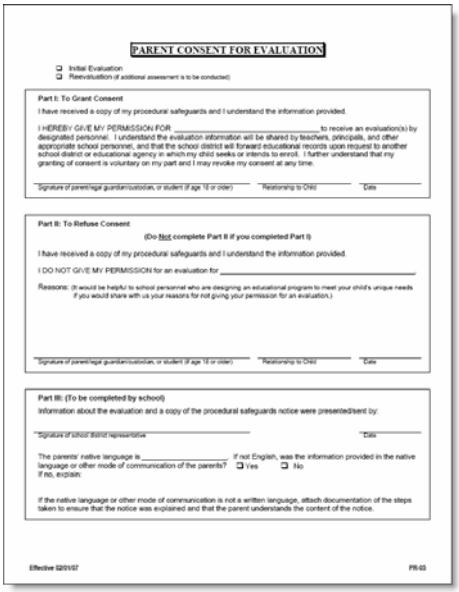
Signature of Person Initiating the Referral
Position or Relationship to Student
Date

Signature of Person Receiving the Referral
Title
Date Received
Date District Suspects a Disability

Effective 02/01/07 PR-04

PR-05

PARENT CONSENT FOR EVALUATION



PARENT CONSENT FOR EVALUATION

☐ Initial Evaluation
☐ Reevaluation (if additional assessment is to be conducted)

Part I: To Grant Consent

I have received a copy of my procedural safeguards and I understand the information provided.

I HEREBY GIVE MY PERMISSION FOR _____ to receive an evaluation(s) by designated personnel. I understand the evaluation information will be shared by teachers, principals, and other appropriate school personnel, and that the school district will forward educational records upon request to another school district or educational agency in which my child seeks or intends to enroll. I further understand that my granting of consent is voluntary on my part and I may revoke my consent at any time.

Signature of parent/legal guardian/custodian, or student (if age 18 or older) | Relationship to Child | Date

Part II: To Refuse Consent

(Do Not complete Part II if you completed Part I)

I have received a copy of my procedural safeguards and I understand the information provided.

I DO NOT GIVE MY PERMISSION for an evaluation for _____

Reasons: (It would be helpful to school personnel who are designing an educational program to meet your child's unique needs if you would share with us your reasons for not giving your permission for an evaluation.)

Signature of parent/legal guardian/custodian, or student (if age 18 or older) | Relationship to Child | Date

Part III: (To be completed by school)

Information about the evaluation and a copy of the procedural safeguards notice were presented/sent by:

Signature of school district representative | Date

The parents' native language is _____ If not English, was the information provided in the native language or other mode of communication of the parents? ☐ Yes ☐ No
If no, explain:

If the native language or other mode of communication is not a written language, attach documentation of the steps taken to ensure that the notice was explained and that the parent understands the content of the notice.

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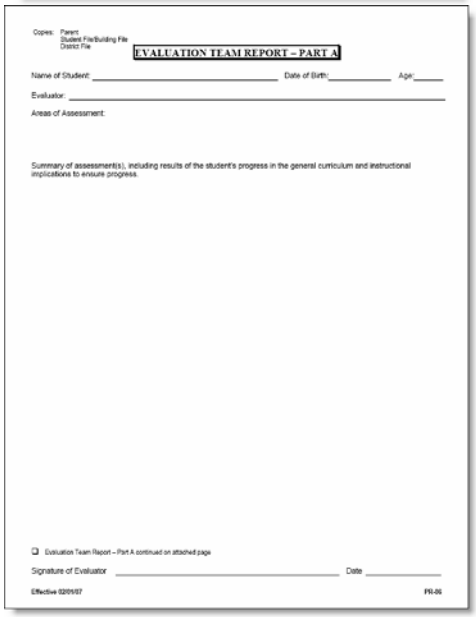
PR-06 PAGE 1

EVALUATION TEAM REPORT (Part A) AREAS OF ASSESSMENT



Copies: Parent
Student File/Building File
District File

EVALUATION TEAM REPORT – PART A

Name of Student: _____ Date of Birth: _____ Age: _____

Evaluator: _____

Areas of Assessment:

Summary of assessment(s), including results of the student's progress in the general curriculum and instructional implications to ensure progress.

☐ Evaluation Team Report – Part A continued on attached page

Signature of Evaluator _____ Date _____

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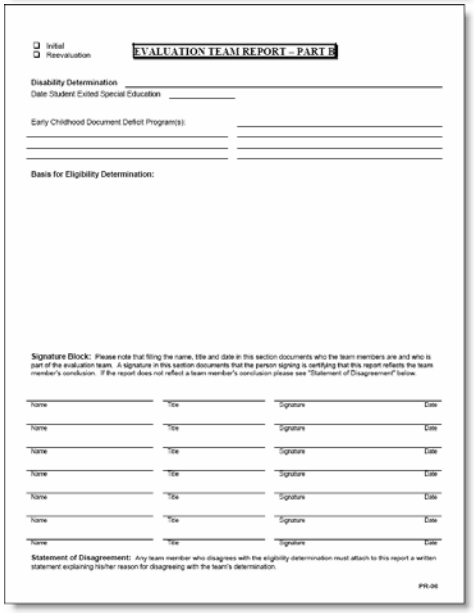
EVALUATION TEAM REPORT (Part B) DISABILITY DETERMINATION



☐ Initial
☐ Reevaluation

EVALUATION TEAM REPORT – PART B

Disability Determination _____

Date Student Exited Special Education _____

Early Childhood Document Deficit Program(s): _____

Basis for Eligibility Determination:

Signature Block: Please note that filling the name, title and date in this section documents who the team members are and who is part of the evaluation team. A signature in this section documents that the person signing is certifying that this report reflects the team member's conclusion. If the report does not reflect a team member's conclusion please see "Statement of Disagreement" below.

Name	Title	Signature	Date
Name	Title	Signature	Date
Name	Title	Signature	Date
Name	Title	Signature	Date
Name	Title	Signature	Date
Name	Title	Signature	Date

Statement of Disagreement: Any team member who disagrees with the eligibility determination must attach to this report a written statement explaining his/her reason for disagreeing with the team's determination.

PR-06

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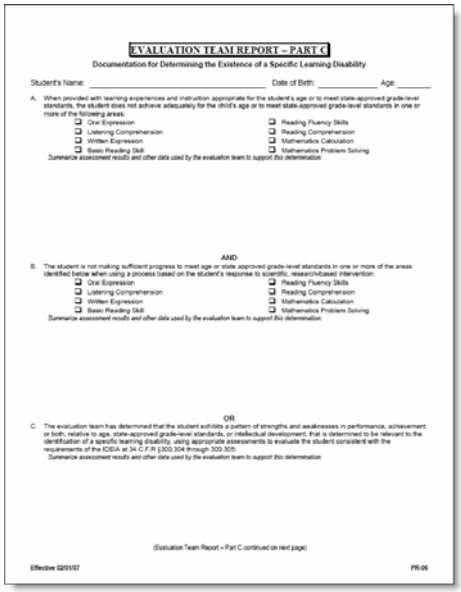
EVALUATION TEAM REPORT (Part C) CRITERIA FOR DETERMINING A SPECIFIC LEARNING DISABILITY



EVALUATION TEAM REPORT – PART C

Documentation for Determining the Existence of a Specific Learning Disability

Student's Name: _____ Date of Birth: _____ Age: _____

A. When provided with learning experiences and instruction appropriate for the student's age or to meet state-approved grade-level standards, the student does not achieve adequately for the child's age or to meet state-approved grade-level standards in one or more of the following areas:

- ☐ Oral Expression
- ☐ Listening Comprehension
- ☐ Written Expression
- ☐ Basic Reading Skill
- ☐ Reading Fluency Skills
- ☐ Reading Comprehension
- ☐ Mathematics Calculation
- ☐ Mathematics Problem Solving

Summarize assessment results and other data used by the evaluation team to support this determination:

AND

B. The student is not making sufficient progress to meet age or state approved grade-level standards in one or more of the areas identified below when using a process based on the student's response to scientific, research-based intervention:

- ☐ Oral Expression
- ☐ Listening Comprehension
- ☐ Written Expression
- ☐ Basic Reading Skill
- ☐ Reading Fluency Skills
- ☐ Reading Comprehension
- ☐ Mathematics Calculation
- ☐ Mathematics Problem Solving

Summarize assessment results and other data used by the evaluation team to support this determination:

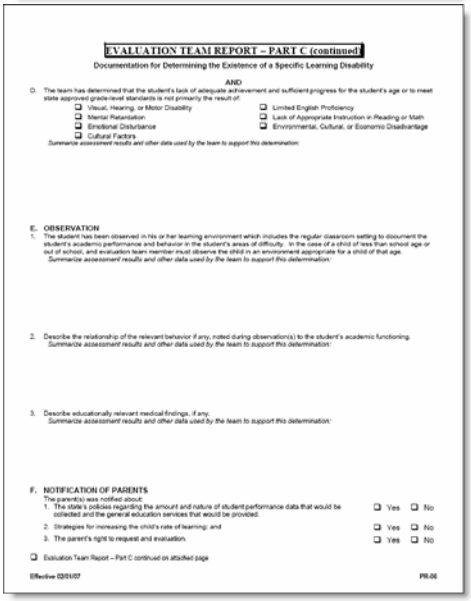
OR

C. The evaluation team has determined that the student exhibits a pattern of strengths and weaknesses in performance, achievement or both, relative to age, state-approved grade-level standards, or intellectual development, that is determined to be relevant to the identification of a specific learning disability, using appropriate assessments to evaluate the student consistent with the requirements of the IDEIA at 34 C.F.R §300.304 through 300.305:

Summarize assessment results and other data used by the evaluation team to support this determination:

(Evaluation Team Report – Part C continued on next page)

Effective 02/01/07 PR-06



EVALUATION TEAM REPORT – PART C (continued)

Documentation for Determining the Existence of a Specific Learning Disability

AND

D. The team has determined that the student's lack of adequate achievement and sufficient progress for the student's age or to meet state approved grade-level standards is not primarily the result of:

- ☐ Visual, Hearing, or Motor Disability
- ☐ Mental Retardation
- ☐ Emotional Disturbance
- ☐ Cultural Factors
- ☐ Limited English Proficiency
- ☐ Lack of Appropriate Instruction in Reading or Math
- ☐ Environmental, Cultural, or Economic Disadvantage

Summarize assessment results and other data used by the team to support this determination:

E. OBSERVATION

1. The student has been observed in his or her learning environment which includes the regular classroom setting to document the student's academic performance and behavior in the student's areas of difficulty. In the case of a child of less than school age or out of school, and evaluation team member must observe the child in an environment appropriate for a child of that age.
Summarize assessment results and other data used by the team to support this determination:

2. Describe the relationship of the relevant behavior if any, noted during observation(s) to the student's academic functioning.
Summarize assessment results and other data used by the team to support this determination:

3. Describe educationally relevant medical findings, if any.
Summarize assessment results and other data used by the team to support this determination:

F. NOTIFICATION OF PARENTS

The parent(s) was notified about:

1. The state's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided. ☐ Yes ☐ No
2. Strategies for increasing the child's rate of learning; and ☐ Yes ☐ No
3. The parent's right to request and evaluation. ☐ Yes ☐ No

☐ Evaluation Team Report – Part C continued on attached page

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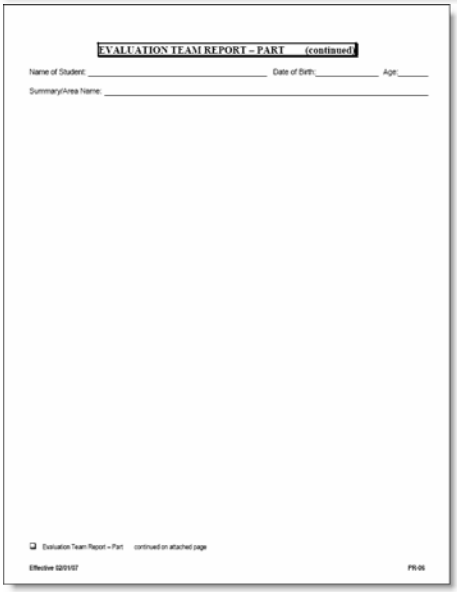
EVALUATION TEAM REPORT ATTACHMENT PAGE



EVALUATION TEAM REPORT – PART (continued)

Name of Student: _____ Date of Birth: _____ Age: _____

Summary/Area Name: _____

☐ Evaluation Team Report – Part continued on attached page

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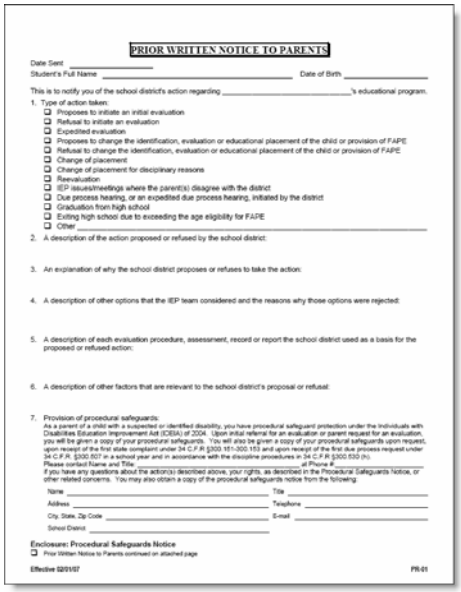
PR-01

PRIOR WRITTEN NOTICE TO PARENTS



PRIOR WRITTEN NOTICE TO PARENTS

Date Sent _____

Student's Full Name _____ Date of Birth _____

This is to notify you of the school district's action regarding _____'s educational program.

1. Type of action taken:
   - ☐ Proposes to initiate an initial evaluation
   - ☐ Refusal to initiate an evaluation
   - ☐ Expedited evaluation
   - ☐ Proposes to change the identification, evaluation or educational placement of the child or provision of FAPE
   - ☐ Refusal to change the identification, evaluation or educational placement of the child or provision of FAPE
   - ☐ Change of placement
   - ☐ Change of placement for disciplinary reasons
   - ☐ Reevaluation
   - ☐ IEP issues/meetings where the parent(s) disagree with the district
   - ☐ Due process hearing, or an expedited due process hearing, initiated by the district
   - ☐ Graduation from high school
   - ☐ Exiting high school due to exceeding the age eligibility for FAPE
   - ☐ Other _____
2. A description of the action proposed or refused by the school district:
3. An explanation of why the school district proposes or refuses to take the action:
4. A description of other options that the IEP team considered and the reasons why those options were rejected:
5. A description of each evaluation procedure, assessment, record or report the school district used as a basis for the proposed or refused action:
6. A description of other factors that are relevant to the school district's proposal or refusal:
7. Provision of procedural safeguards:
   As a parent of a child with a suspected or identified disability, you have procedural safeguard protection under the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004. Upon initial referral for an evaluation or parent request for an evaluation, you will be given a copy of your procedural safeguards. You will also be given a copy of your procedural safeguards upon request, upon receipt of the first state complaint under 34 C.F.R.§300.151-300.153 and upon receipt of the first due process request under 34 C.F.R. §300.507 in a school year and in accordance with the discipline procedures in 34 C.F.R.§300.530 (h).
   Please contact Name and Title _____ at Phone # _____
   if you have any questions about the action(s) described above, your rights, as described in the Procedural Safeguards Notice, or other related concerns. You may also obtain a copy of the procedural safeguards notice from the following:
   Name _____ Title _____
   Address _____ Telephone _____
   City, State, Zip Code _____ E-mail _____
   School District _____

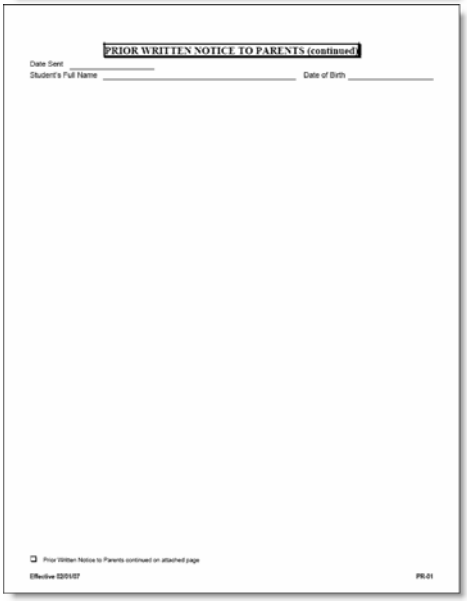
Enclosure: Procedural Safeguards Notice

☐ Prior Written Notice to Parents continued on attached page

Effective 02/01/07 PR-01

PR-01 Attachment

PRIOR WRITTEN NOTICE TO PARENTS
ATTACHMENT



PRIOR WRITTEN NOTICE TO PARENTS (continued)

Date Sent _____

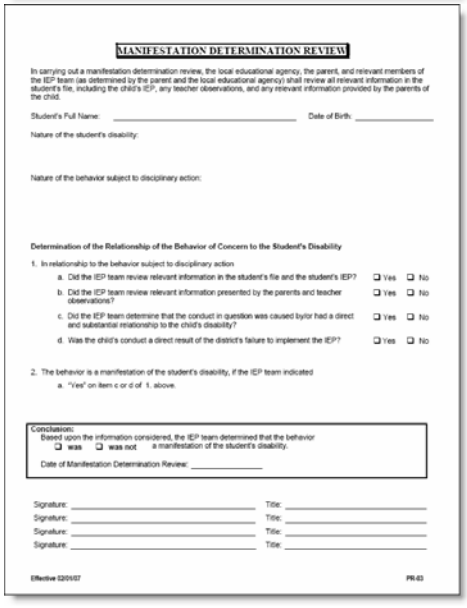
Student's Full Name _____ Date of Birth _____

☐ Prior Written Notice to Parents continued on attached page

Effective 02/01/07 PR-01

PR-03 PAGE 1

MANIFESTATION DETERMINATION REVIEW



MANIFESTATION DETERMINATION REVIEW

In carrying out a manifestation determination review, the local educational agency, the parent, and relevant members of the IEP team (as determined by the parent and the local educational agency) shall review all relevant information in the student's file, including the child's IEP, any teacher observations, and any relevant information provided by the parents of the child.

Student's Full Name: _____ Date of Birth: _____

Nature of the student's disability:

Nature of the behavior subject to disciplinary action:

Determination of the Relationship of the Behavior of Concern to the Student's Disability

1. In relationship to the behavior subject to disciplinary action
   - a. Did the IEP team review relevant information in the student's file and the student's IEP? ☐ Yes ☐ No
   - b. Did the IEP team review relevant information presented by the parents and teacher observations? ☐ Yes ☐ No
   - c. Did the IEP team determine that the conduct in question was caused by/or had a direct and substantial relationship to the child's disability? ☐ Yes ☐ No
   - d. Was the child's conduct a direct result of the district's failure to implement the IEP? ☐ Yes ☐ No
2. The behavior is a manifestation of the student's disability, if the IEP team indicated
   - a. "Yes" on item c or d of 1. above.

Conclusion:
Based upon the information considered, the IEP team determined that the behavior
☐ **was** ☐ **was not** a manifestation of the student's disability.

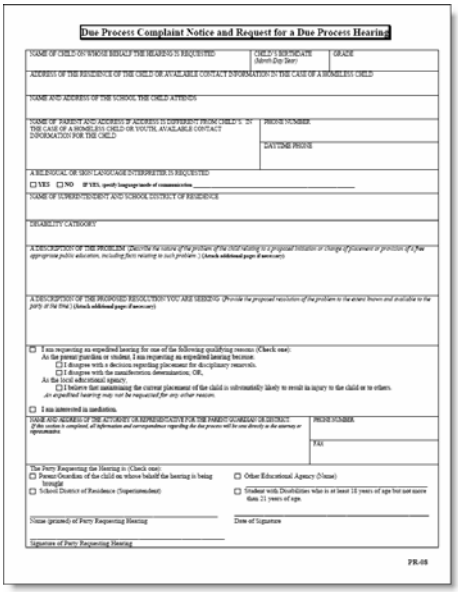
Date of Manifestation Determination Review: _____

Signature: _____ Title: _____
Signature: _____ Title: _____
Signature: _____ Title: _____
Signature: _____ Title: _____

Effective 02/01/07 PR-03

PR-08

REQUEST FOR AN IMPARTIAL DUE PROCESS HEARING



Due Process Complaint Notice and Request for a Due Process Hearing

NAME OF CHILD ON WHOSE BEHALF THE HEARING IS REQUESTED | CHILD'S BIRTHDATE (Month-Day-Year) | GRADE

ADDRESS OF THE RESIDENCE OF THE CHILD OR AVAILABLE CONTACT INFORMATION IN THE CASE OF A HOMELESS CHILD

NAME AND ADDRESS OF THE SCHOOL THE CHILD ATTENDS

NAME OF PARENT AND ADDRESS IF ADDRESS IS DIFFERENT FROM CHILD'S. IN THE CASE OF A HOMELESS CHILD OR YOUTH, AVAILABLE CONTACT INFORMATION FOR THE CHILD | PHONE NUMBER | DAYTIME PHONE

A BILINGUAL OR SIGN LANGUAGE INTERPRETER IS REQUESTED

☐ YES ☐ NO IF YES, specify language/mode of communication _____

NAME OF SUPERINTENDENT AND SCHOOL DISTRICT OF RESIDENCE

DISABILITY CATEGORY

A DESCRIPTION OF THE PROBLEM (*Describe the nature of the problem of the child relating to a proposed initiation or change of placement or provision of a free appropriate public education, including facts relating to such problem.*) (Attach additional page if necessary)

A DESCRIPTION OF THE PROPOSED RESOLUTION YOU ARE SEEKING (*Provide the proposed resolution of the problem to the extent known and available to the party at the time.*) (Attach additional page if necessary)

☐ I am requesting an expedited hearing for one of the following qualifying reasons (Check one):
As the parent guardian or student, I am requesting an expedited hearing because:
☐ I disagree with a decision regarding placement for disciplinary removals.
☐ I disagree with the manifestation determination; OR,
As the local educational agency:
☐ I believe that maintaining the current placement of the child is substantially likely to result in injury to the child or to others.
An expedited hearing may not be requested for any other reason.

☐ I am interested in mediation.

NAME AND ADDRESS OF THE ATTORNEY OR REPRESENTATIVE FOR THE PARENT/GUARDIAN OR DISTRICT (*If this section is completed, all information and correspondence regarding the due process will be sent directly to the attorney or representative.*) | PHONE NUMBER | FAX

The Party Requesting the Hearing is (Check one):
☐ Parent/Guardian of the child on whose behalf the hearing is being brought
☐ School District of Residence (Superintendent)
☐ Other Educational Agency (Name) _____
☐ Student with Disabilities who is at least 18 years of age but not more than 21 years of age.

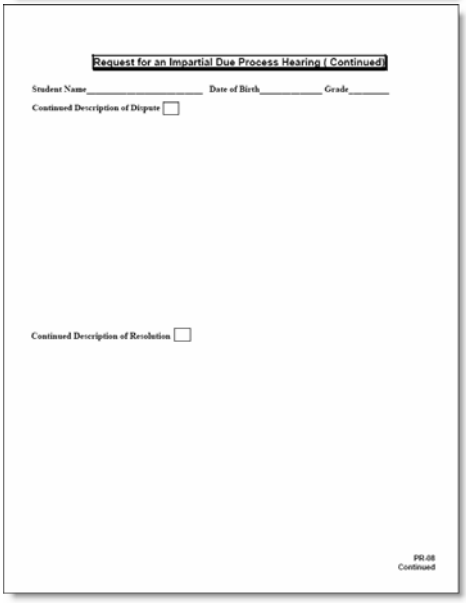
Name (printed) of Party Requesting Hearing | Date of Signature

Signature of Party Requesting Hearing

PR-08

PR-08-Attach

REQUEST FOR AN IMPARTIAL DUE PROCESS HEARING ATTACHMENT



Request for an Impartial Due Process Hearing (Continued)

Student Name_____ Date of Birth_____ Grade_____

Continued Description of Dispute ☐

Continued Description of Resolution ☐

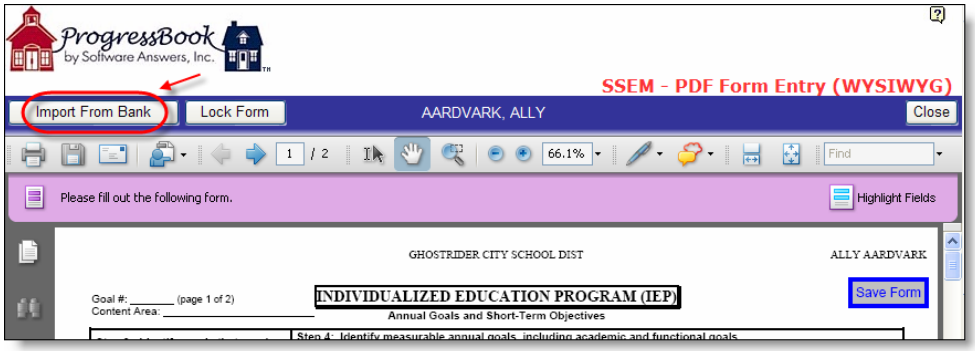
PR-08
Continued

IMPORT FROM BANK

Once user banks are built in Setup Options, the items in the banks can be added to the PR07P2 Goal Page and the PR07P6 Testing Page using Import from Bank.

While working on the desired form, Save any changes made to the form.

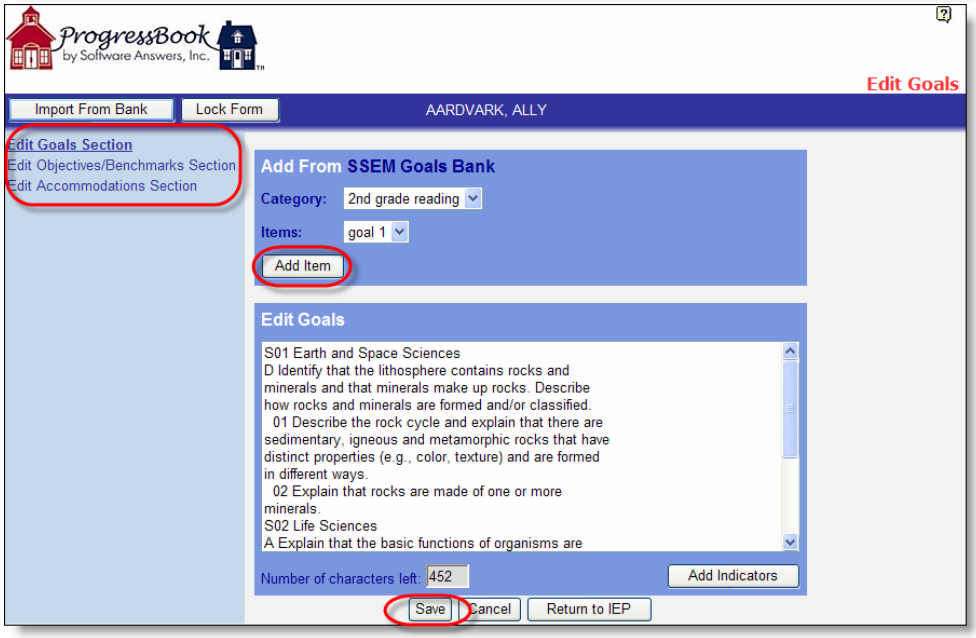
Click Import from Bank button on left side of dark blue bar.



The banks screen will open displaying the fields items can be added to in the left-side light blue bar. Click on the section name to select it.

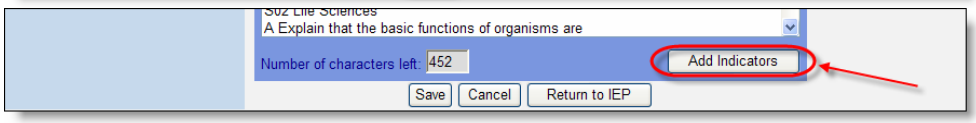
To add a specific item, select the Category the item is in, then select the item from the list. Once selected, click Add Item button to add to workspace.

Click Save button prior to choosing another section.


ProgressBook
by Software Answers, Inc.
Edit Goals
Import From Bank
Lock Form
AARDVARK, ALLY
Edit Goals Section
Edit Objectives/Benchmarks Section
Edit Accommodations Section
Add From SSEM Goals Bank
Category: 2nd grade reading
Items: goal 1
Add Item
Edit Goals
S01 Earth and Space Sciences
D Identify that the lithosphere contains rocks and minerals and that minerals make up rocks. Describe how rocks and minerals are formed and/or classified.
01 Describe the rock cycle and explain that there are sedimentary, igneous and metamorphic rocks that have distinct properties (e.g., color, texture) and are formed in different ways.
02 Explain that rocks are made of one or more minerals.
S02 Life Sciences
A Explain that the basic functions of organisms are
Number of characters left: 452
Add Indicators
Save
Cancel
Return to IEP

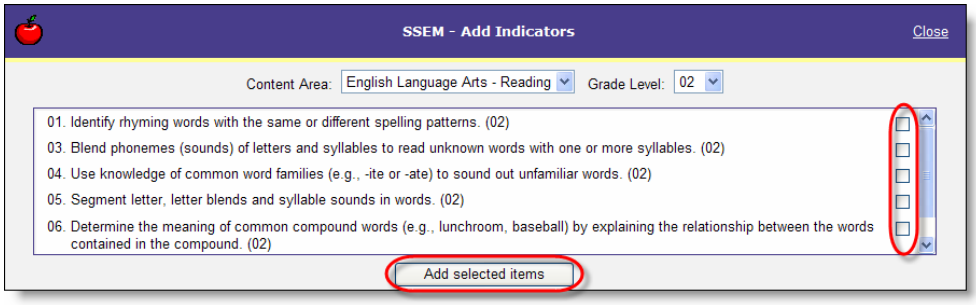
State Indicators can also be access for reference on the form.

To *add an indicator*, save the section and click Add Indicator button.

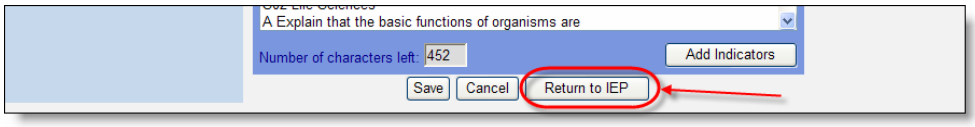


On the Add Indicators screen, select the desired content area and grade level. Check the desired indicators and click Add selected items button to move indicators to workspace.

**When adding indicator, software will also add the corresponding Standard and Benchmark.*

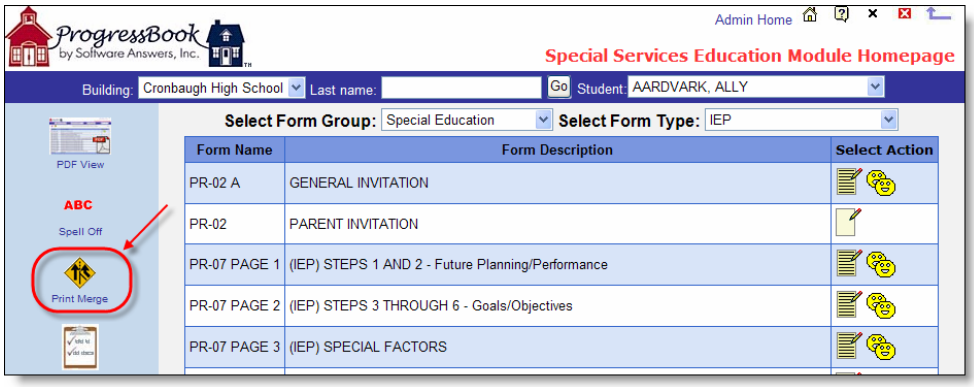

SSEM - Add Indicators
Close
Content Area: English Language Arts - Reading
Grade Level: 02
01. Identify rhyming words with the same or different spelling patterns. (02)
03. Blend phonemes (sounds) of letters and syllables to read unknown words with one or more syllables. (02)
04. Use knowledge of common word families (e.g., -ite or -ate) to sound out unfamiliar words. (02)
05. Segment letter, letter blends and syllable sounds in words. (02)
06. Determine the meaning of common compound words (e.g., lunchroom, baseball) by explaining the relationship between the words contained in the compound. (02)
Add selected items

Once all sections contain desired items and have been saved, click Return to IEP to see items on the form itself.



Print Merge is used to print more than one form into a group with automatic page numbering. This feature can be used to print out the pages of an IEP prior to the IEP meeting or all of a student's Progress Reports at report card time.

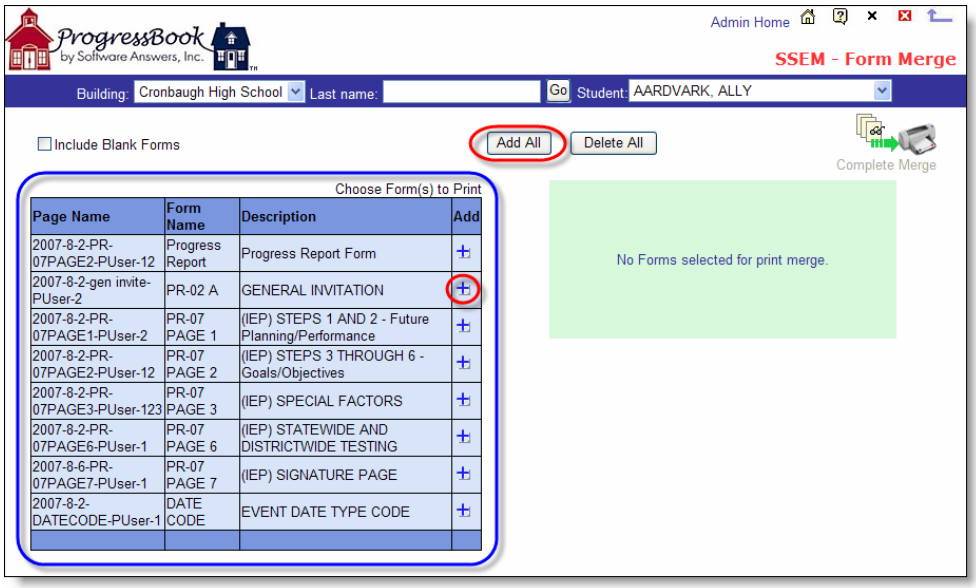
The Print Merge screen can be accessed by clicking the "Print Merge" icon on the User Options section of the SSEM Homepage.



The Form Merge screen opens with the selected student's proposed forms in the blue "Choose Form(s) to Print" list.

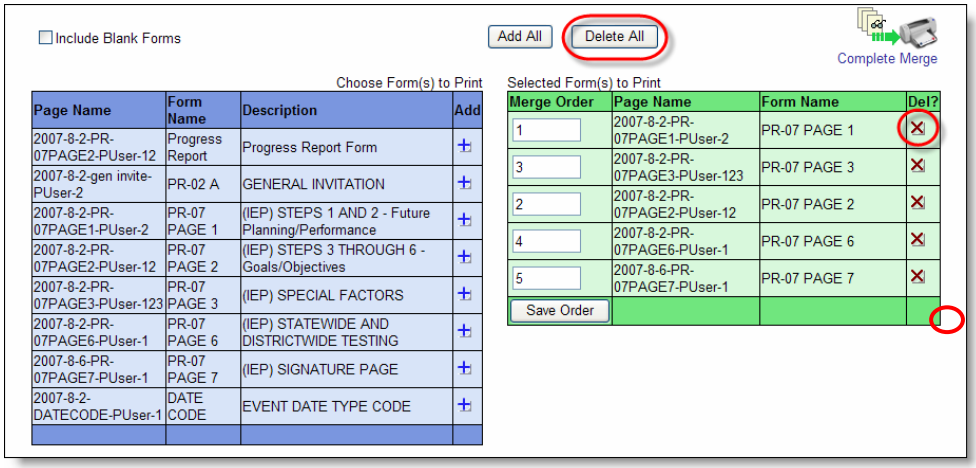
To *add a form* to the green "Selected Form(s) to Print" list, click on the blue Add icon ⊞ beside the desired form. Once the selected form has been added to the list, repeat for any additional forms.

To *add all* proposed forms to the green "Selected Form(s) to Print" list, click Add All button Add All.



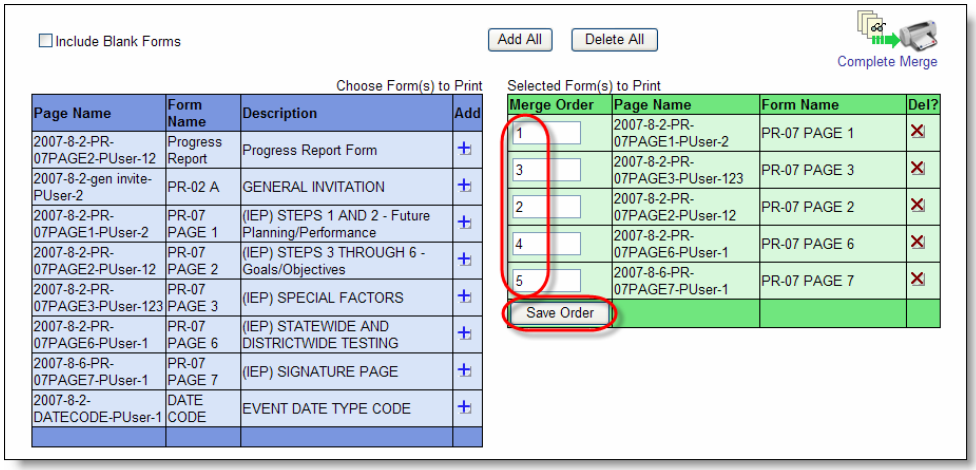
To *delete a form* from the "Selected Form(s) to Print" list, click on the red Delete icon ⊠ beside the desired form.

To *delete all* selected forms from the "Selected Form(s) to Print" list, click Delete All button Delete All.



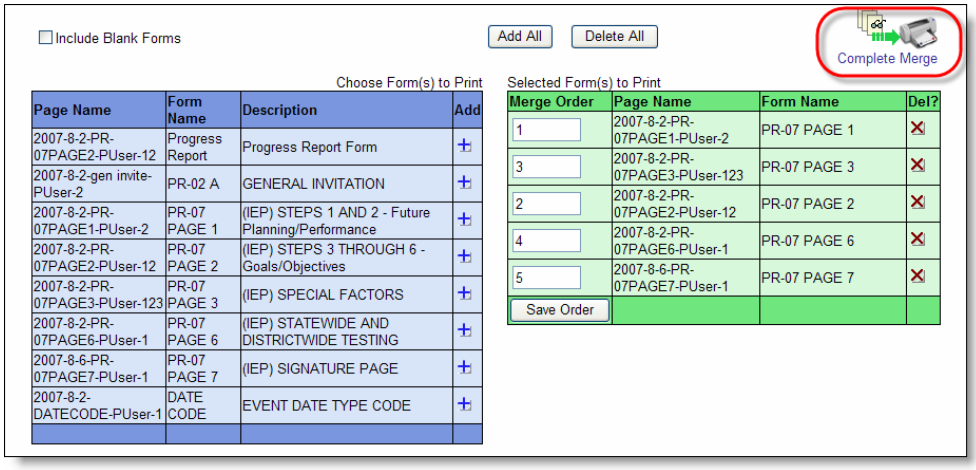
The selected pages will be Page Numbered based on the Merge Order.

To *modify the Merge Order*, type the correct order in the desired boxes and click Save Order button Save Order.



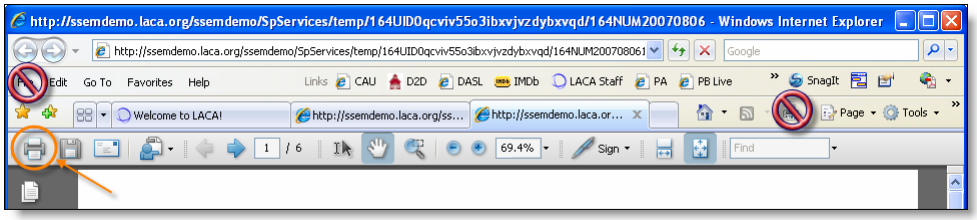
Once all desired forms are selected and correct Merge Order is established, click "Complete Merge" icon to open merged forms.

These forms will open in a new Internet window allowing the user to verify form selection and print order.



To *print merged forms*, click the Adobe print icon on form window.

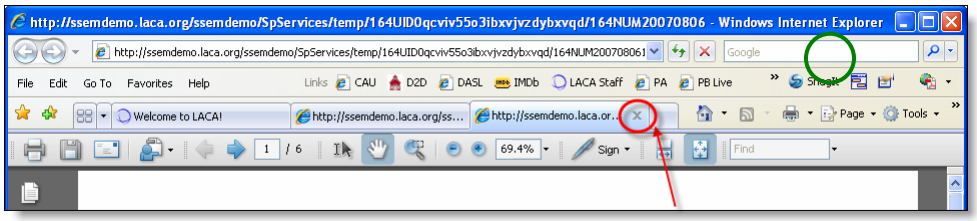
DO NOT use File > Print or browser print icon.


http://ssemdemo.laca.org/ssemdemo/SpServices/temp/164UID0qcviv55o3ibxvjvzdybxvqd/164NUM20070806 - Windows Internet Explorer

To *close merge forms*, click the "x" on the right side of the tab (IE 7)

- or -

Click the red "x" in the upper right corner of internet window (IE 6 & Safari)

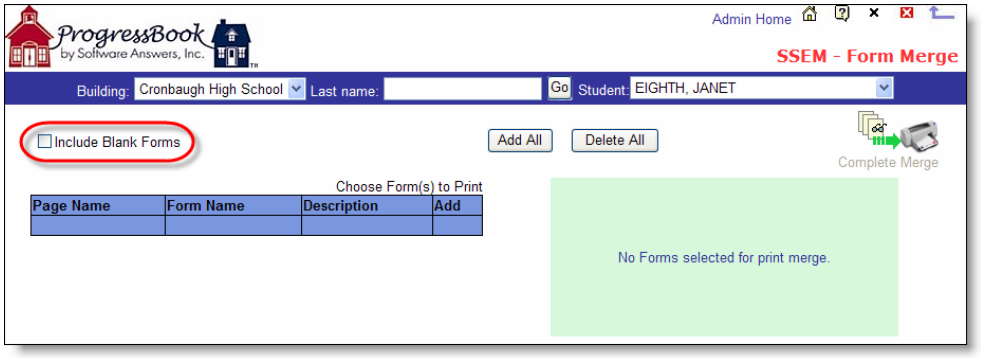

http://ssemdemo.laca.org/ssemdemo/SpServices/temp/164UID0qcviv55o3ibxvjvzdybxvqd/164NUM20070806 - Windows Internet Explorer

http://ssemdemo.laca.org/ssemdemo/SpServices/temp/164UID0qcviv55o3ibxvjvzdybxvqd/164NUM20070806 - Windows Internet Explorer

The software can also generate a blank set of forms when paper copies are necessary.

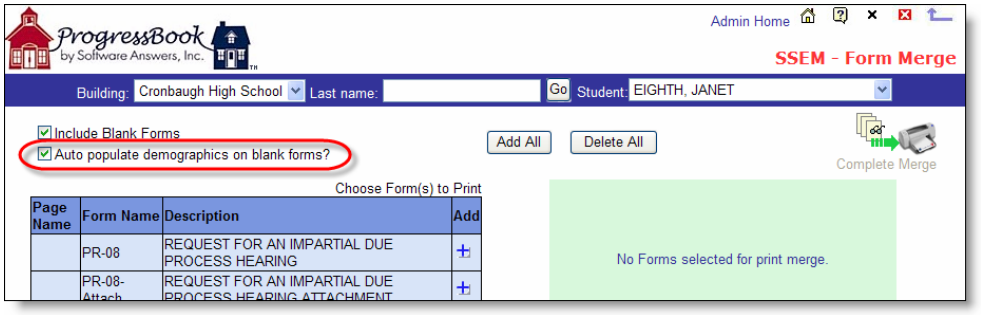
To *print BLANK copies* of forms, select a student with no proposed forms.

Check "Include Blank Forms" checkbox.



To include selected student's demographic information on form, leave "Auto Populate demographics on blank forms?" check.

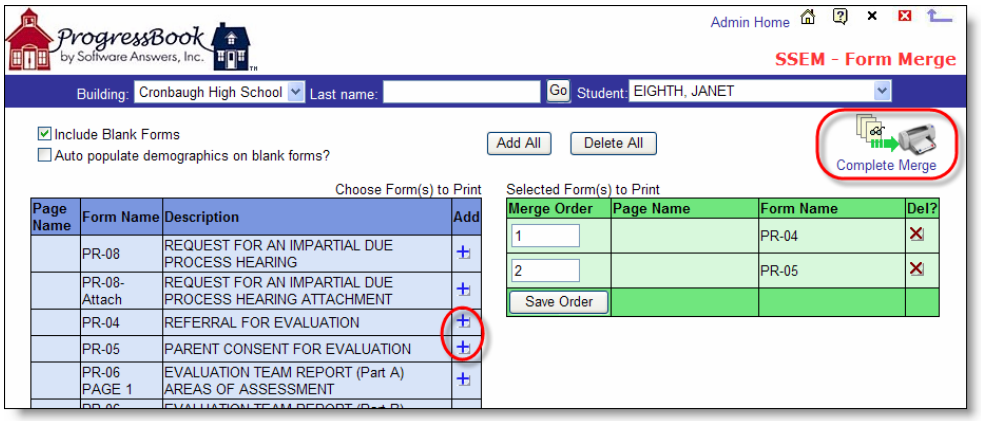
For completely blank forms, uncheck "Auto Populate demographics on blank forms?"



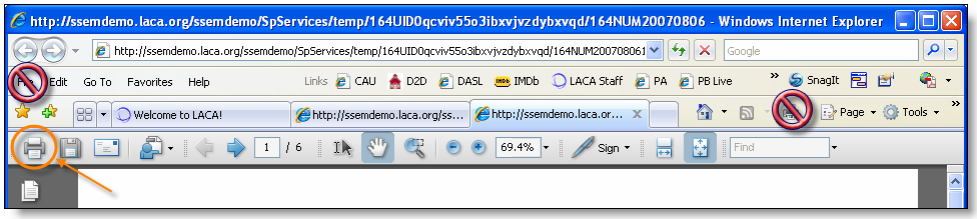
Blank forms are easy to identify as they have no "Page Name" listed in the blue "Choose Form(s) to Print" box.

To *add a blank form* to the green "Selected Form(s) to Print" list, click on the blue Add icon ⊞ beside the desired form. Repeat for all desired forms.

Once all desired forms are selected, click "Complete Merge" icon to open merged forms.



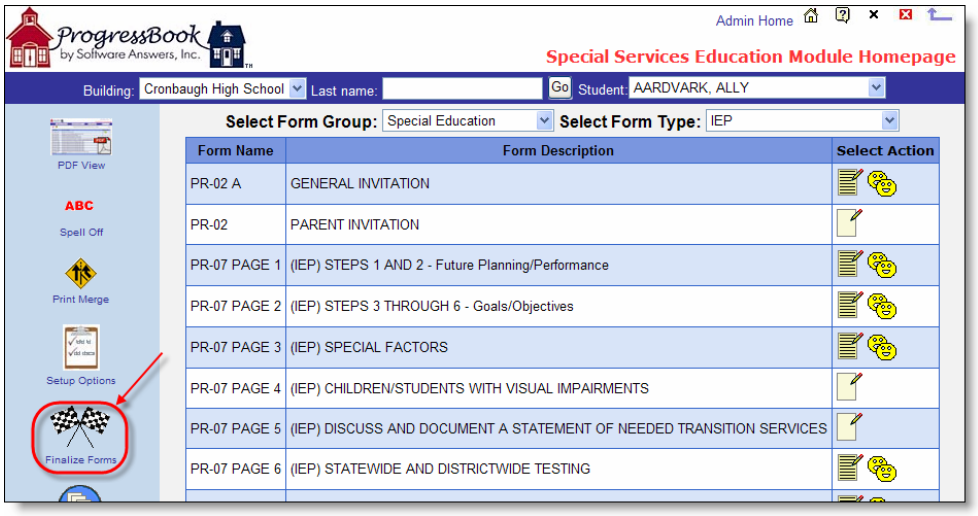
Print and close merged forms as usual using the Adobe print icon.



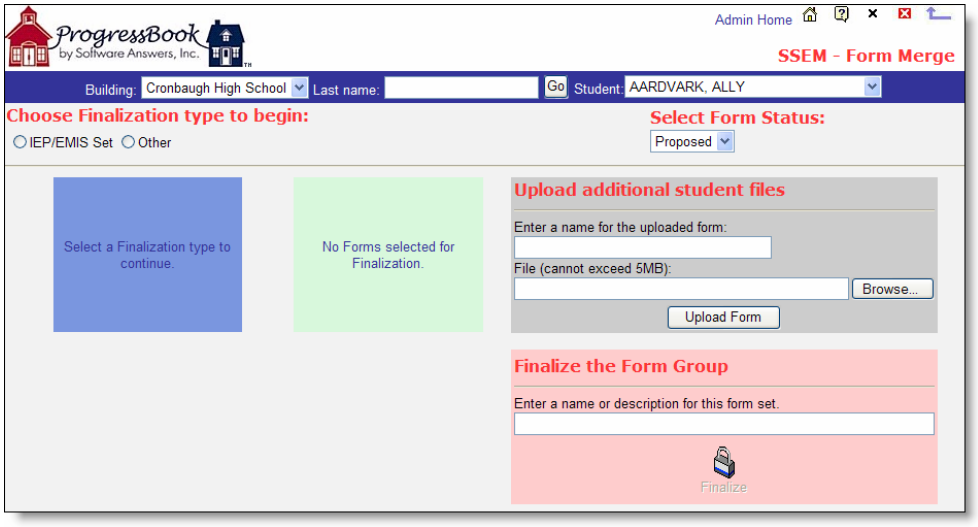
FINALIZE FORMS

Finalize Forms is used to convert editable forms into a read-only group for archiving purposes. It is necessary to finalize the forms for users with Read access, level 100, to see the forms as well as to run reports off the data contained on the forms.

The Finalize Forms screen can be accessed by clicking the "Finalize Forms" icon on the User Options section of the SSEM Homepage.



The Finalize Forms screen opens with the selected student and requires user to select desired form type to finalize.



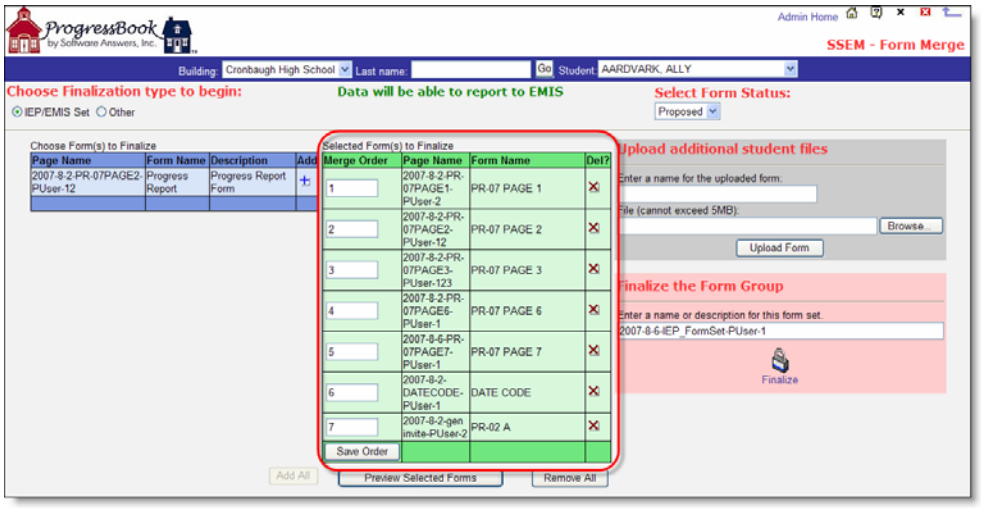
Once the IEP meeting has occurred and the forms updated with any changes made at the meeting, the IEP/EMIS Set should be finalized. In addition to the other finalization benefits, this also allows the EMIS reportable data to be populated on the EMIS Data Collection Form.

Select *IEP/EMIS Set* to finalize the IEP forms.

The system will verify all the required forms have been completed for the IEP/EMIS Set.

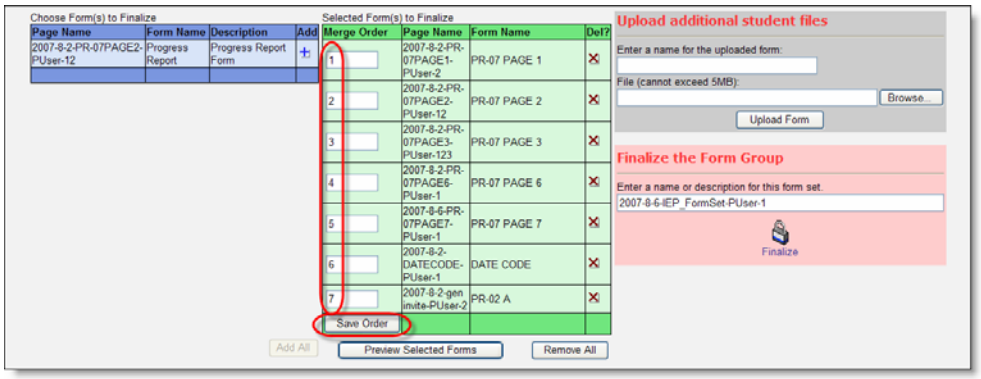
- PR07P1 Cover Page
- PR07P2 Goal Page
- PR07P3 Special Factors Page
- PR07P6 Testing Page
- PR07P7 Signature Page
- DATE CODE Page

If all required forms are present, the green "Selected Form(s) to Finalize" list automatically populates with the required forms.



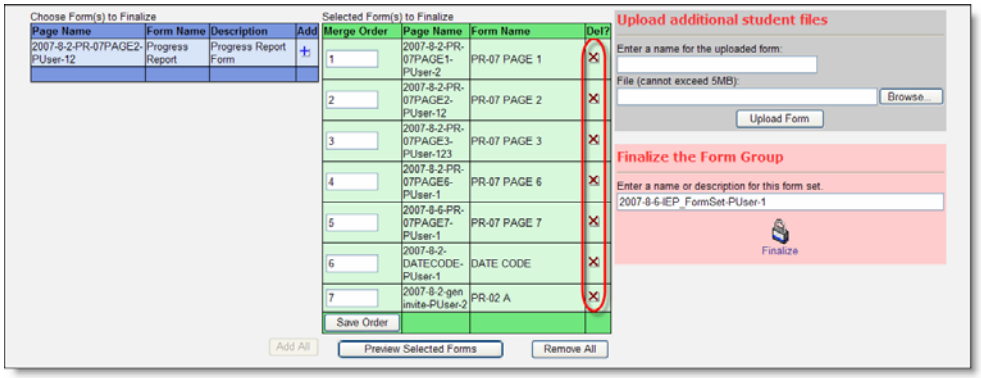
To *add additional forms*, click the blue plus icon beside the desired form(s).

To *reorder the selected forms*, key the desired order in the Merge Order column and click "Save Order" button.



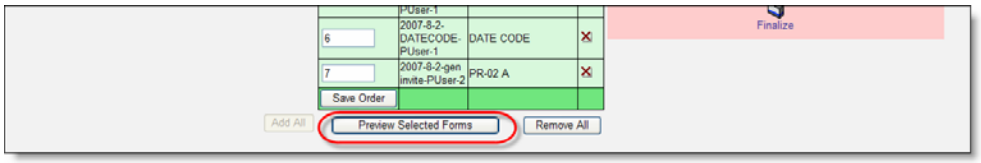
To *remove forms* from the finalized group, click the red x icon beside the desired form.

DO NOT *remove one of the required forms from the IEP/EMIS Set*



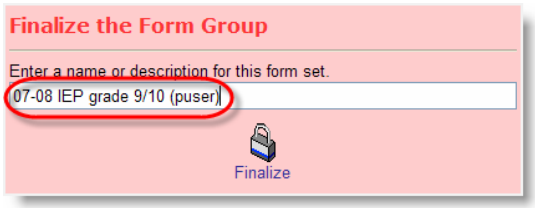
To *preview the selected list*, click Preview Selected Forms button.

Form preview will open in a new window similar to Print Merge.



Once the list is built and ordered, key a name for the IEP Set.

It is recommended to key a more specific name including both school year and grade level.



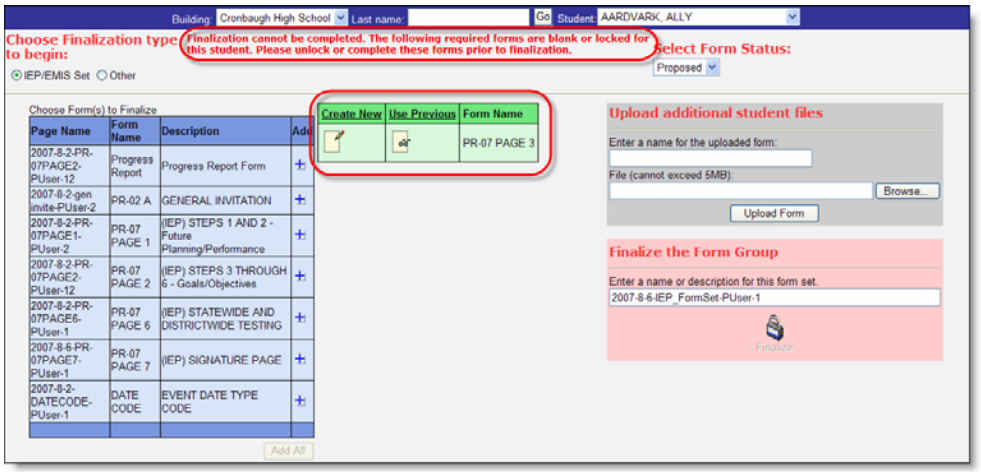
Click the Finalize icon to complete the finalization process.

The form set will open in a new window/tab.

If a required form is missing a message will appear informing user that Finalization cannot be completed.

Any missing forms will be listed in the green section providing the user up to two options:

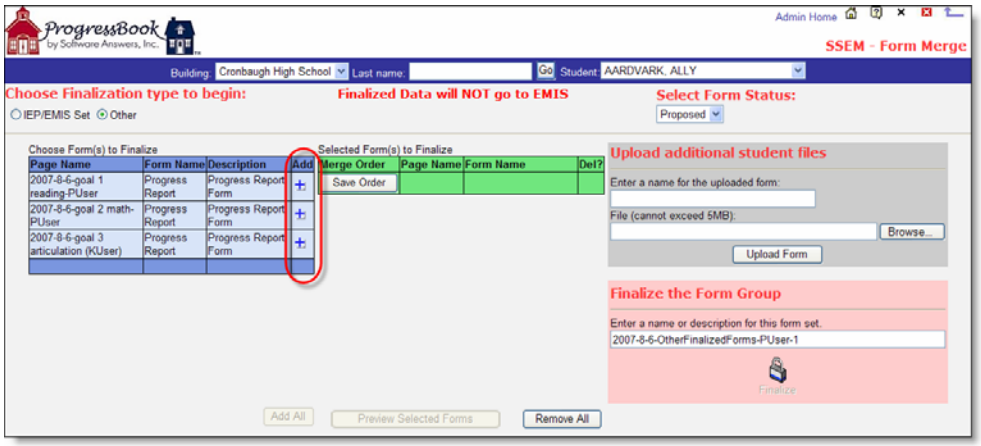
- *Create New* allows user to create a new copy of the form. Clicking the icon will direct user to the Form naming screen.
- *Use Previous* allows the user to use the form page from the last finalized IEP for this student. If no previous IEP exists, no icon will display.



It is recommended to finalize the Evaluation Forms when the ETR is complete. Progress Reports should also be finalized just before the new IEP set is created so only the current progress reports are listed as proposed forms. Both these sets are finalized as an Other Set.

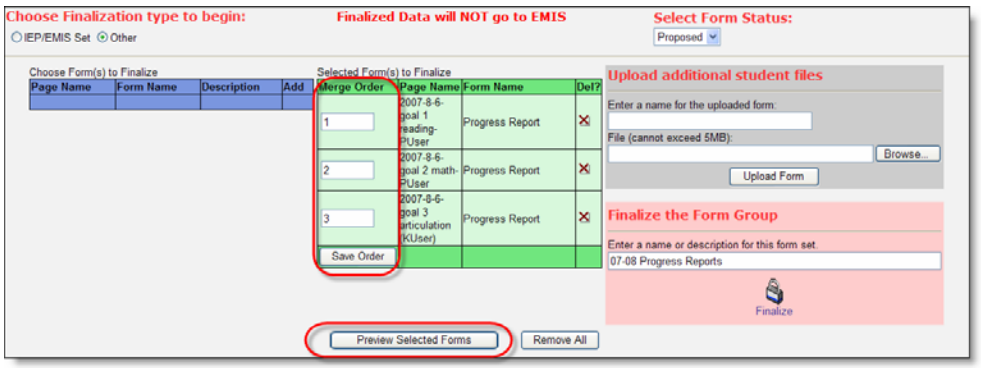
Select *Other* to finalize a group of assorted forms, including Progress Reports or ETR forms.

Add forms by clicking the blue + beside the desired form(s).



To *reorder the selected forms*, key the desired order in the Merge Order column and click "Save Order" button.

To *preview the selected list*, click Preview Selected Forms button.



Form preview will open in a new window similar to Print Merge.

Once the list is built and ordered, key a name for the Other set.

It is recommended to key a more specific name including school year, grade level, and type of forms

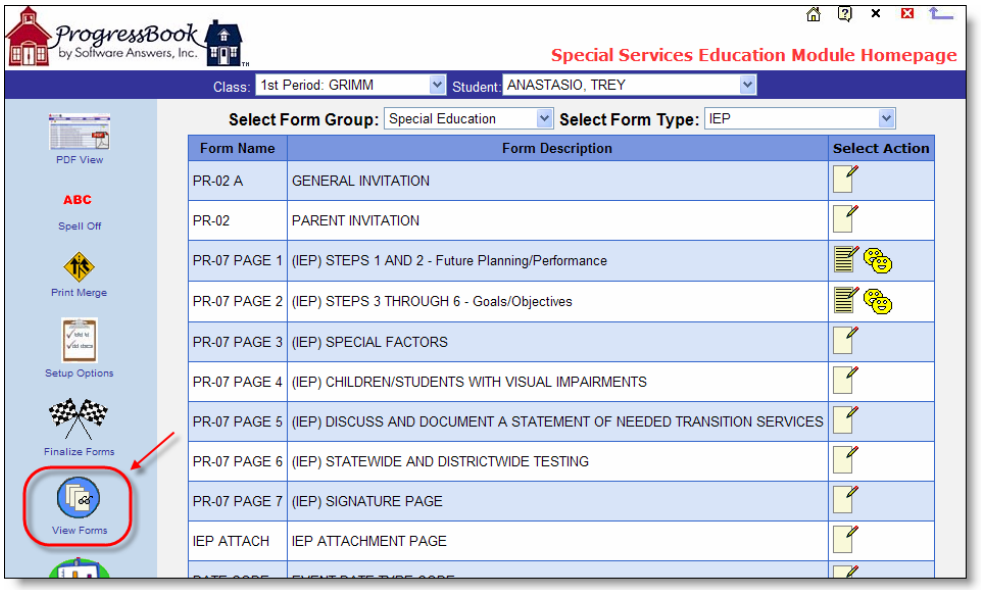
Click the Finalize icon to complete the finalization process.

The form set will open in a new window/tab.

VIEW FORMS

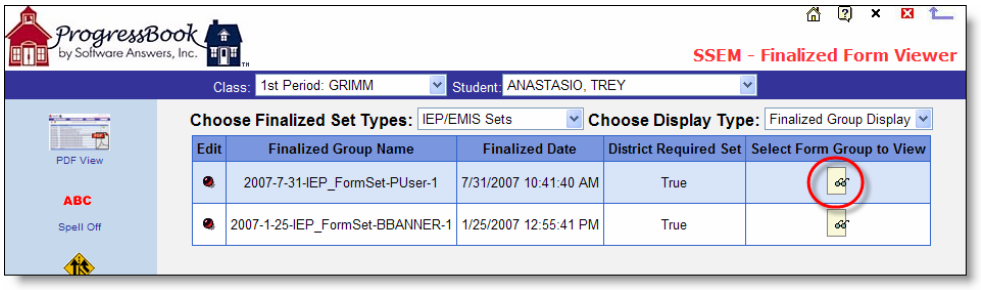
View Forms is the "file cabinet" which stores all finalized forms for a student are grouped into IEP/EMIS sets, Other Sets, Archived sets (prior to 06/08/05), and All Finalized Form sets. They are also viewable as a finalized group or by individual forms.

The View Forms screen can be accessed by clicking the "View Forms" icon on the User Options section of the SSEM Homepage.



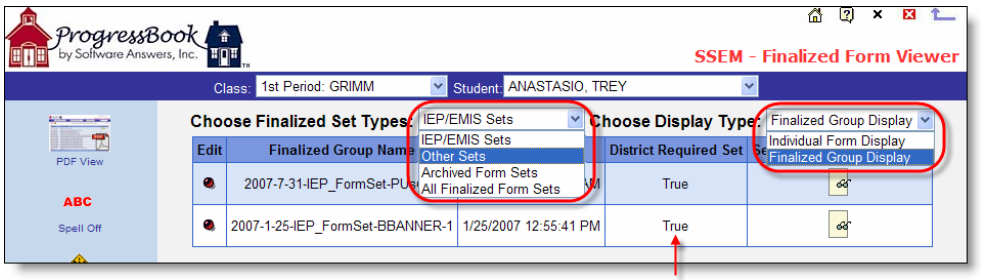
The View Forms screen opens with the selected student's IEP/EMIS sets displayed.

To *view a form set* click on the View icon . The forms will open in a new window to be read or printed.



To *select another Finalized Set Type* drop down selection box and choose desired set type.

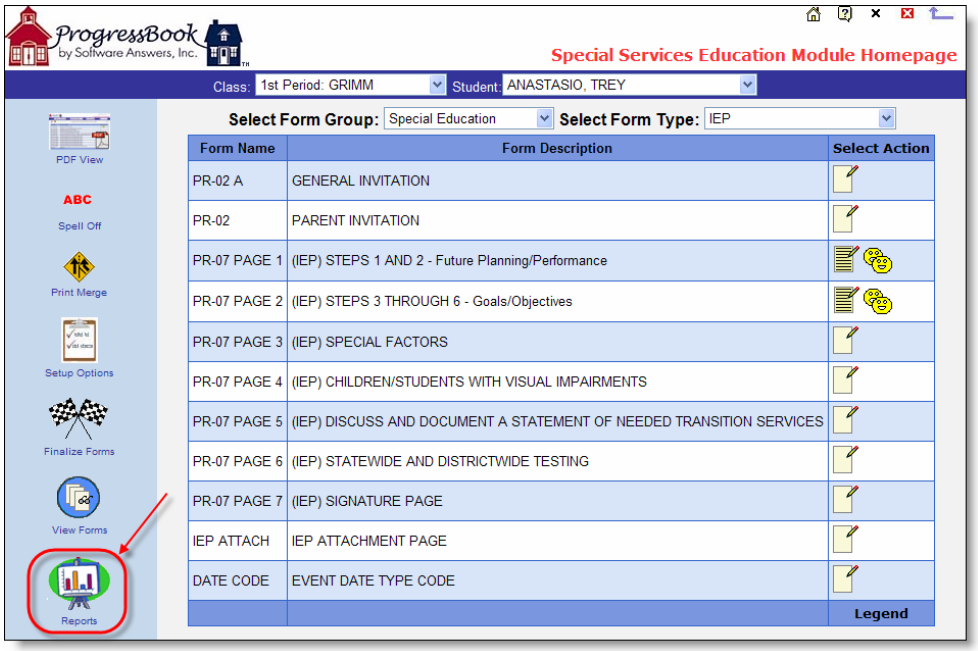
To *select another Display Type* drop down selection box and choose desired display type.



Forms finalized as an IEP/EMIS Set will display "True" in the District Required Set column, forms finalized as an Other Set will display "False." This code indicates whether the data on the finalized set will be accessible in the EMIS Tools section.

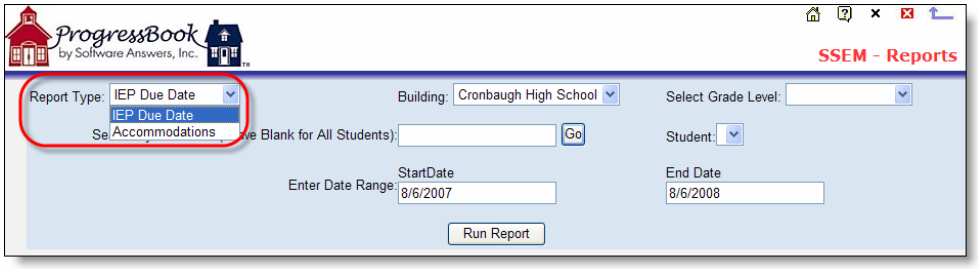
The Reports section allows the user to run reports off of information on finalized IEPs. Information on reports can easily be copy and pasted into Excel spreadsheets for further data manipulation. Reports can be run by building, by grade level within a building, or by a specific student.

The Reports screen can be accessed by clicking the "Reports" icon on the User Options section of the SSEM Homepage.



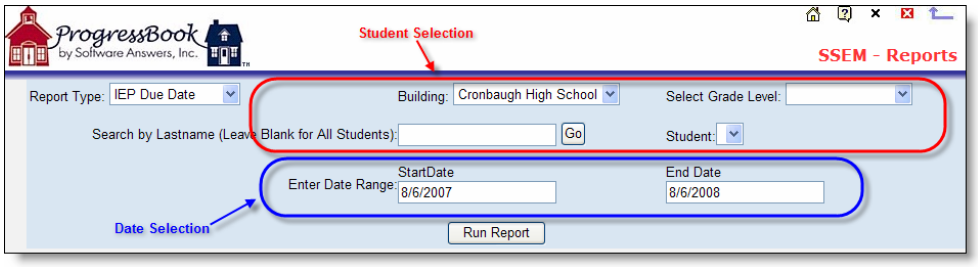
The Reports screen opens with a selection screen allowing user to choose one of two report types:

- IEP Due Date
- Accommodations



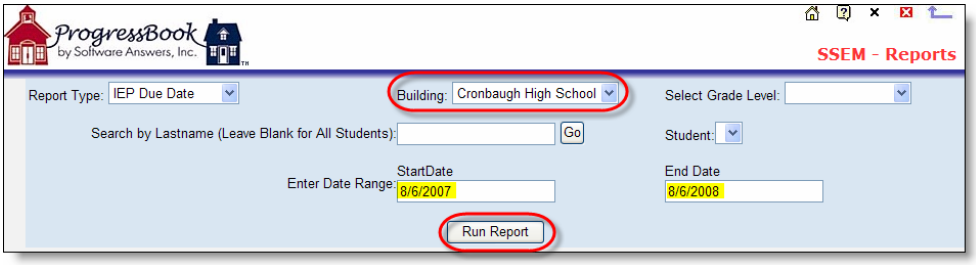
The remainder of the selection screen is comprised of the student selection section and the date selection section.

The date selection section corresponds to the IEP effective dates keyed on the cover page (PR07P1) of the finalized IEP.



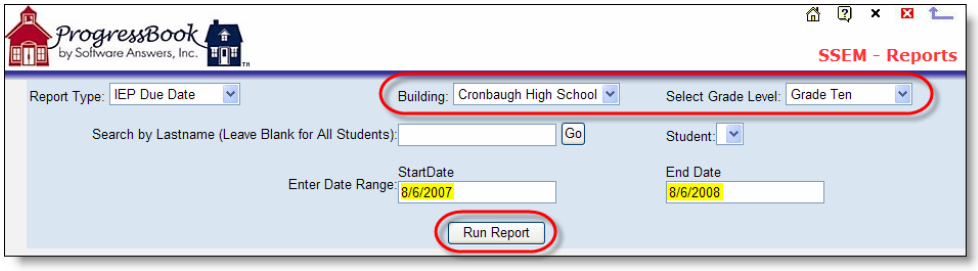
To run report for an *entire building*, select desired building from "Building" drop down box.

Modify dates to the desired date range and click Run Report button.



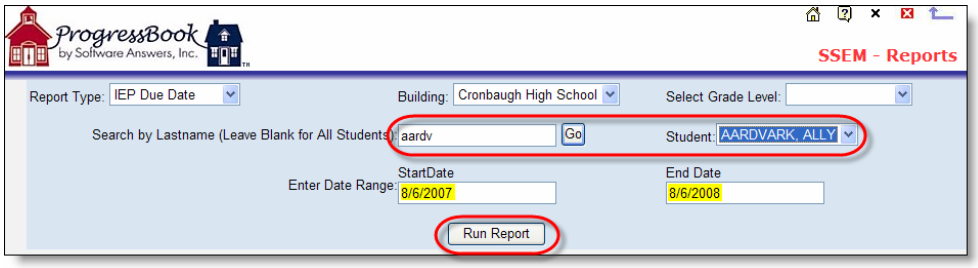
To run report for a specific *grade level*, select the desired building from the "Building" drop down box, then select the desired grade level within that building from the "Select Grade Level" drop down box.

Modify dates to the desired date range and click Run Report button.



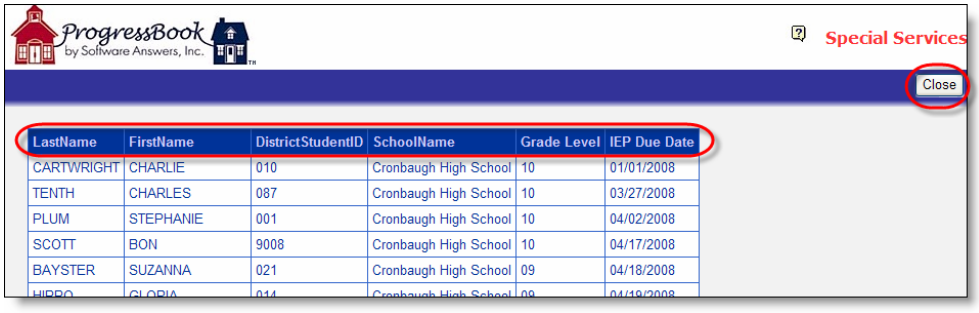
To run report for a specific *student*, select the desired building from the "Building" drop down box, then key all or part of student's last name in the "Search by Lastname" field and click Go button. Student list will populate with student's matching search criteria, select the desired student.

Modify dates to the desired date range and click Run Report button.



To *sort report listing*, click on the column heading.
- one click sorts in ascending order
- two clicks sorts in descending order

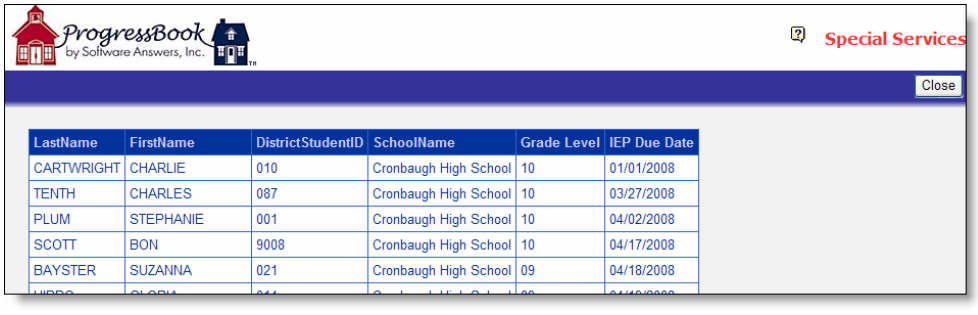
To *close the report*, click Close button on right side of dark blue bar



LastName	FirstName	DistrictStudentID	SchoolName	Grade Level	IEP Due Date
CARTWRIGHT	CHARLIE	010	Cronbaugh High School	10	01/01/2008
TENTH	CHARLES	087	Cronbaugh High School	10	03/27/2008
PLUM	STEPHANIE	001	Cronbaugh High School	10	04/02/2008
SCOTT	BON	9008	Cronbaugh High School	10	04/17/2008
BAYSTER	SUZANNA	021	Cronbaugh High School	09	04/18/2008

The *IEP Due Date Report* displays the:
- Last Name
- First Name
- Student ID
- School Name
- Grade Level
- IEP Due Date

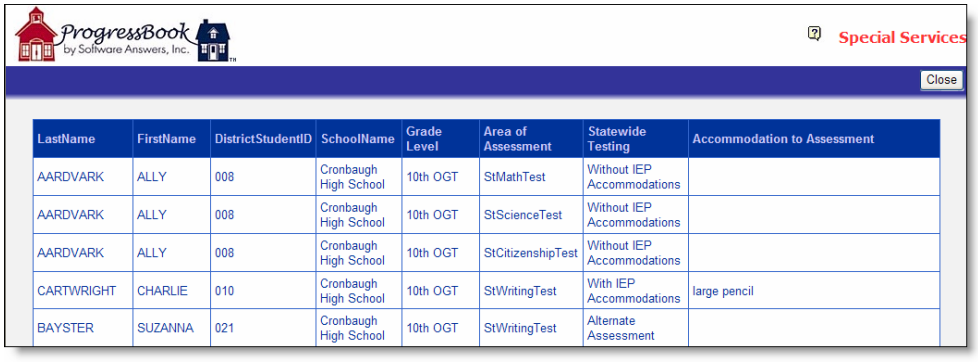
Based on the date range chosen on the selection screen.



LastName	FirstName	DistrictStudentID	SchoolName	Grade Level	IEP Due Date
CARTWRIGHT	CHARLIE	010	Cronbaugh High School	10	01/01/2008
TENTH	CHARLES	087	Cronbaugh High School	10	03/27/2008
PLUM	STEPHANIE	001	Cronbaugh High School	10	04/02/2008
SCOTT	BON	9008	Cronbaugh High School	10	04/17/2008
BAYSTER	SUZANNA	021	Cronbaugh High School	09	04/18/2008

The *Accommodations Report* displays the:
- Last Name
- First Name
- Student ID
- School Name
- Grade Level of Test
- Subject Area of Assessment
- Manner of Testing
- Accommodations

Based on the date range chosen on the selection screen.

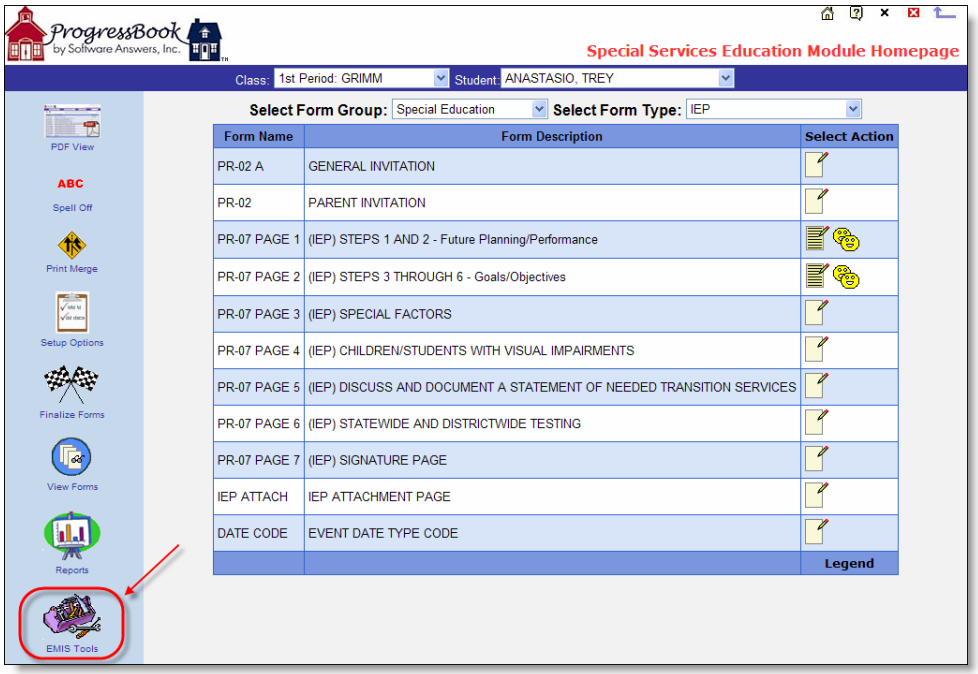


LastName	FirstName	DistrictStudentID	SchoolName	Grade Level	Area of Assessment	Statewide Testing	Accommodation to Assessment
AARDVARK	ALLY	008	Cronbaugh High School	10th OGT	StMathTest	Without IEP Accommodations	
AARDVARK	ALLY	008	Cronbaugh High School	10th OGT	StScienceTest	Without IEP Accommodations	
AARDVARK	ALLY	008	Cronbaugh High School	10th OGT	StCitizenshipTest	Without IEP Accommodations	
CARTWRIGHT	CHARLIE	010	Cronbaugh High School	10th OGT	StWritingTest	With IEP Accommodations	large pencil
BAYSTER	SUZANNA	021	Cronbaugh High School	10th OGT	StWritingTest	Alternate Assessment	

ACCESSING DATA COLLECTION FORM

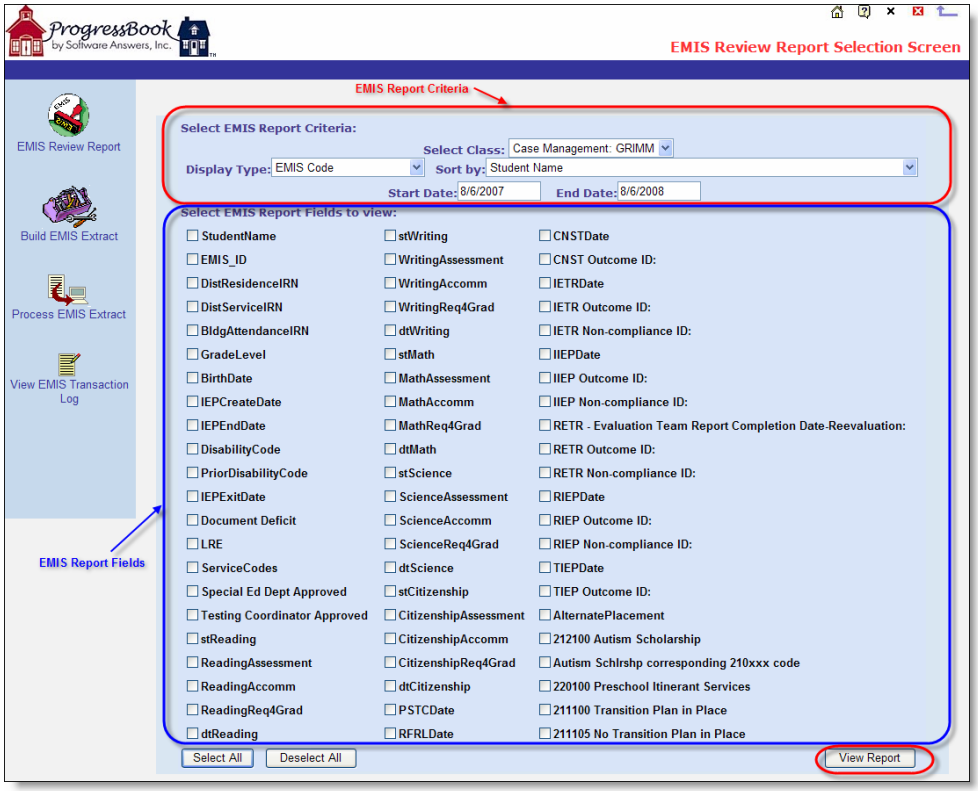
The EMIS Data Collection Form can be generated from the IEP data once the IEP has been finalized as an IEP/EMIS Set. The EMIS Review Report must first be generated to then view the Data Collection Form

The EMIS Tools screen can be accessed by clicking the "EMIS Tools" icon on the User Options section of the SSEM homepage.



The EMIS Review Report Selection Screen is comprised of two sections:

- *EMIS Report Criteria* – which IEPs populate the report
- *EMIS Report Fields* – which values from the selected IEPs populate the report



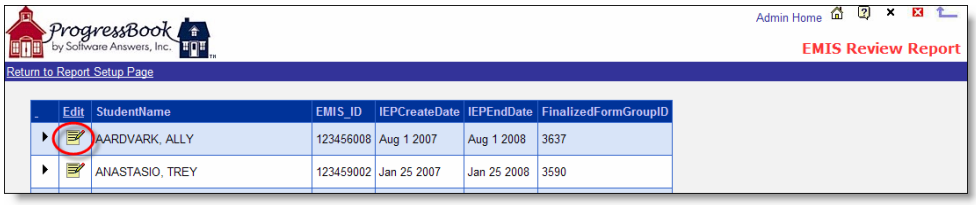
Select the desired date range in the EMIS Report Criteria.

Check the desired fields in the EMIS Report Fields.
**To quickly display the report, it is recommended to select only*

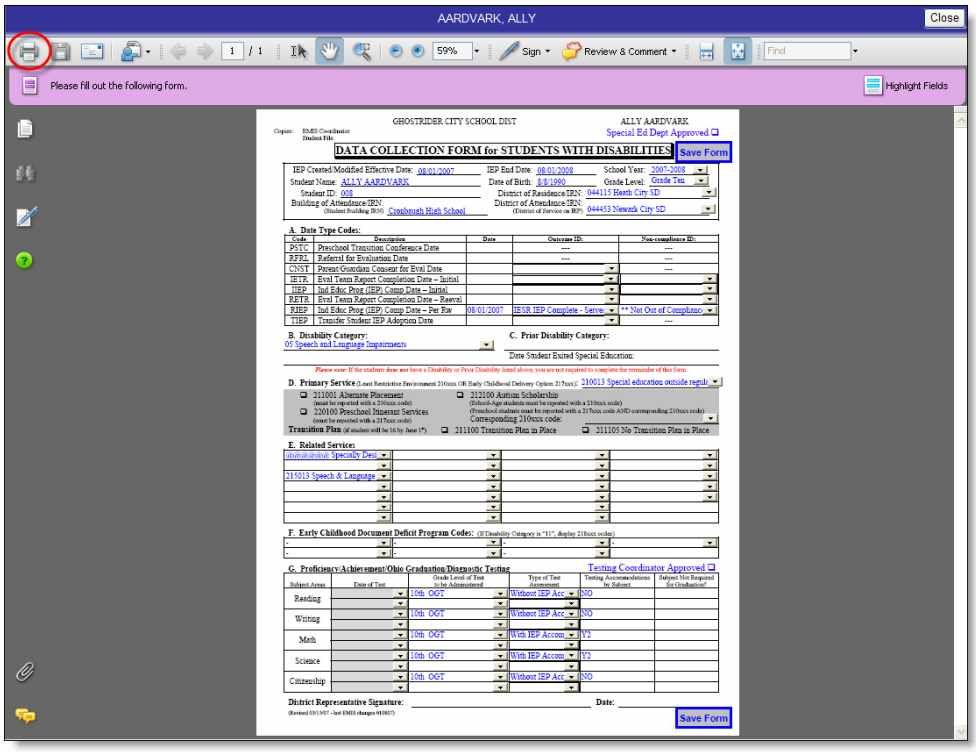
- *Student Name*
- *EMIS ID*
- *IEP Create Date*
- *IEP End Date*

Click View Report button to display report.

Click on the Edit Forms icon beside the desired student to display the Data Collection Form.



To print the form, click on the Adobe print icon.



Click Close to return to EMIS Review Report.